

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
RISING STARS LEADERSHIP ACADEMY



APPLICATION

Full Legal Name: _____ Current Grade: _____ Adult Shirt Size: _____

Date of Birth: _____ Unweighted GPA: _____

School: _____ Student's Email: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Student's Driver License/State ID Number: _____ Expires: _____

Have you ever been arrested? Y/N

Have you attached a mandatory letter of recommendation with this application? Y/N

Have you attached your school transcript with your GPA? Y/N

Have you attached the Emergency Notification, Video Release, and Release Forms? Y/N

School/Community Civic Activities: _____

Leadership Positions Held: _____

Please explain why you should be selected for the HCSO Rising Stars Leadership Academy: _____

Name of Student/Child Signature of Student/Child Date

Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

** If the Student/Child is 17 years old or younger, Parent/Legal Guardian signature(s) are required **