

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 *