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? Yes

Have you attached a mandatory letter of recommendation with this application? Yes

Have you attached your school transcript with your GPA? Yes

Have you attached the Emergency Notification, Video Release, and Release Forms? Yes

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 **