

**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 \**