

MICHIGAN DISTRICT OF KIWANIS/MICHIGAN STATE POLICE
LAW ENFORCEMENT CAREER ACADEMY
JUNE 8-13, 2025

APPLICATION DUE DATE TO KIWANIS CLUB BY: MARCH 15, 2025 (NO LATE APPLICATIONS ACCEPTED)
APPLICATION DUE DATE TO DISTRICT OFFICE NO LATER THAN: MARCH 31, 2025 (NO LATE APPLICATIONS ACCEPTED)

CHECKLIST: Do NOT submit application if all check items have not been completed.

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| <input type="checkbox"/> Currently in Grade 10, 11 or 12 | <input type="checkbox"/> Sponsor Club Info Complete | <input type="checkbox"/> Agility Certification complete |
| <input type="checkbox"/> GPA of 2.0 or better | <input type="checkbox"/> Parent Signature below | <input type="checkbox"/> Counselor Signature below |
| <input type="checkbox"/> Applicant Signature below | <input type="checkbox"/> Completed Application submitted to local Kiwanis Club | |

ALL REQUESTED INFORMATION MUST BE PROVIDED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

LAST NAME	FIRST NAME	M.I	MALE	FEMALE	DATE OF BIRTH	AGE

MAILING ADDRESS (PLEASE PRINT CLEARLY, YOU WILL BE MAILED MATERIALS)	CITY	STATE	ZIP CODE

E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	PRIMARY PHONE NUMBER

					Medium	Large	X-Large
GRADE 10	GRADE 11	GRADE 12	HEIGHT	WEIGHT	T SHIRT SIZE (CIRCLE ONE)		

HIGH SCHOOL NAME	COUNSELOR SCHOOL & PHONE NUMBER	CUMULATIVE GRADE POINT AVERAGE

The following **signatures** are **required** and indicate your personal approval of your application:

	This student meets Scholastic, Citizenship and Attendance standards.
School Principal or Counselor	

	I certify that the above information is complete and correct and that I am interested in a future career in Criminal Justice.
Academy Applicant	

	I give my permission for the applicant to attend the Career Academy and permit my son/daughter to participate in all aspects of the Program.
Parent or Guardian	Date

The Program will be located at the **Michigan State Police Training Academy, 7426 Canal Rd., Lansing, MI**
Arrival: Sunday, June 8th with Graduation on Friday, June 13, 2025.

The Reverse Side of this form must also be completed and submitted to the Sponsoring Kiwanis Club

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- Applications will be processed in the order received
- **Absolute Deadline for Submission is March 31, 2025**
- Space is limited, preference given first to 12th graders, then GPA and Health and Agility

Applications should be returned to the Michigan District of Kiwanis **directly from the Sponsoring Kiwanis Club** along with the sponsor fee of \$595.00 payable to the Michigan District of Kiwanis. Applications and checks from individuals without a Club sponsor can be sent directly to the Michigan District of Kiwanis, P.O. Box 231, Mason, MI 48854 and will be only be considered **after** all Kiwanis Club submissions.

HEALTH INFORMATION

All applicants will be notified and advised regarding their acceptance to the program by April 14. Applicants selected will be required to obtain a Physical Examination performed by a qualified health provider. **APPLICANTS SHOULD NOT OBTAIN THE PHYSICAL EXAM PRIOR TO BEING NOTIFIED OF ACCEPTANCE .**

AGILITY TEST

The following agility test should be administered by the Applicants **Physical Education teacher**, and completed by the applicant within a **10** minute period.

20 Sit Ups 10 Push Ups ½ Mile Run (within 4 ½ minutes)

	I certify that the applicant completed the agility test within the prescribed time limit.
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School Physical Education Official DATE

PARENT OR GUARDIAN CONTACT INFORMATION:

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Parent Name (please print)

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Street Address City Zip Code Daytime Phone/w Area Code

Any questions regarding the Academy Program or application process should be directed to the Kiwanis Member or Club listed below.

TO BE COMPLETED BY THE SPONSORING KIWANIS CLUB (Please Print or Type)

Applicant is chosen as (circle one): DELEGATE ALTERNATE	
SPONSOR: Kiwanis Club of _____	
Kiwanis Contact: _____	Daytime Phone _____
Email Address: _____	

Application and Check in the amount of \$595.00, payable to the Michigan District of Kiwanis, mailed to Michigan District of Kiwanis, P.O. Box 231, Mason, MI 48854-0231