



NEW JERSEY STATE POLICE Trooper Youth Week Nomination Form

(PLEASE PRINT ALL INFORMATION)

Nominee Information

NAME	Last	First	MI	SEX	AGE	DATE OF BIRTH
						/ /
ADDRESS	Street	City	State	Zip Code		
COUNTY	PARENT/GUARDIAN HOME TELEPHONE		PARENT/GUARDIAN CELL PHONE			
	() -		() -			
PARENT/GUARDIAN NAME			PARENT/GUARDIAN EMAIL:			
Have you applied to any other youth camps for this summer?			T-Shirt Size:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, how many?</i> _____			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other _____			

To be completed by Nominee's High School Guidance Counselor:

NAME OF HIGH SCHOOL	TELEPHONE NUMBER			
	() -			
ADDRESS	Street	City	State	Zip Code

I hereby certify that the Nominee named above is of good reputation and sound moral character. The Nominee is in good academic standing and the Nominee will in all likelihood successfully complete their junior year in high school. Additionally, sophomores who are currently 17 years of age may also be eligible. The Nominee must not have reached their 18th birthday prior to the graduation date of their Trooper Youth Week class.

Name of Guidance Counselor

Signature of Guidance Counselor

Date

Referral Information (To be completed by the Nominator)

NOMINEE IS RECOMMENDED BY	RELATIONSHIP TO NOMINEE	TELEPHONE NUMBER
		() -
<input type="checkbox"/> NJSP	<input type="checkbox"/> Other Law Enforcement	<input type="checkbox"/> High School Principal
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> A Community Representative	<input type="checkbox"/> Religious Leader

Available Weeks

____ JULY 6 - 10, 2015

____ JULY 20 - 24, 2015

____ JULY 27 - 31, 2015

In the event you are selected, please be aware that no nominee is guaranteed their week of choice. Place the number 1, 2, and 3 on the lines above for your preferred week of attendance. Should any of the weeks not be feasible due to academics, work, athletics, etc., please provide a detailed explanation on the back of this form.

You will be notified as to your acceptance in the program as decisions are finalized.

Return this form no later than April 23, 2015 to:
 Division of State Police, Professional Development Unit
 Attn: Trooper Youth Coordinator
 P.O. Box 7068, Building #1
 West Trenton, NJ 08628-0068