

YOUTH ACADEMY FORM



PERSONAL INFORMATION

First Name :

Date Of Birth :
D D M M Y Y

Attending School :

Grade :

E-Mail :

In 200 words or less please tell us why you should be selected for the 2024 Youth Academy with Lethbridge Police Service?

Applicant's Name :

Applicant's Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Please submit this application to Donald.Realini@lethbridgepolice.ca

THANK YOU FOR YOUR INFORMATION