

The American Legion
Department of Virginia
1708 Commonwealth Avenue
Richmond, VA 23230
(804)353-6606

THE AMERICAN LEGION
JUNIOR LAW CADET PROGRAM

Application/Registration Blank

American Legion District No _____ Date of Application _____

Name _____ (____) _____ - _____
(Please Type) Last Name First Middle Home Phone

Address _____

Parent's Name _____ Address _____

Age _____ Male _____ Female _____ Grade Completed (____) _____
(By mid-June current year) School Principal's Signature

High School _____ Sponsored By _____

Sponsor's Address _____
Street City

Submitted by American Legion Post No. _____ Location _____

Signed _____
Authorized Legion Representative

Attach Biography to Yellow Copy
Attach Photocopy of Driver's License to Yellow Copy

Distribution:
White Copy District Junior Law Cadet Chairman
Yellow Copy Department Headquarters
Pink Copy Post

Check () If Alternate

BIOGRAPHY

NAME _____

HIGH SCHOOL _____

ADDRESS _____

CITY/TOWN _____, VA ZIP CODE _____

GRADE _____ CLASS OF _____ CLASS RANK IF KNOWN _____

SCHOLASTIC GRADE AVERAGE: (CIRCLE ONE) A B C D

EXTRACURRICULAR ACTIVITIES:

ATHLETICS:

CLUBS:

CAREER INTEREST:

WHY DO YOU WANT TO BE A VIRGINIA STATE POLICE-AMERICAN LEGION
JUNIOR LAW CADET?

Please include a copy of applicant's driver's license with application.