



SHERIFF'S YOUTH ACADEMY APPLICATION FORM

Date _____ Date of Birth _____

Place of Birth _____

Social Security Number _____

Name _____
Please Print Last First Middle

Address _____
Street City Zip

Phone _____

School: _____

Sex: _____

Reason for Wanting to Participate in Program:

SEND COMPLETED APPLICATION TO:
Sheriff's Youth Academy
Saline County Sheriff's Office
251 N. Tenth, P.O. Box 1606
Salina, Kansas 67402-1606