

West Virginia State Police Junior Trooper Academy

***NOMINATION FORM***

The West Virginia State Police Junior Trooper Academy’s primary purpose is to provide to students, who are interested in a career in law enforcement or a related field, a hands-on view of the West Virginia State Police. Selected students will participate in activities similar to those experiences by a West Virginia State Police Cadet.

The West Virginia State Police Junior Trooper Academy is designed to familiarize students with the West Virginia State Police and the law enforcement /criminal justice community, through relevant classroom lecture and interactive, participatory programs. It is not a disciplinary, recreational or underprivileged camp.

The Junior Trooper Academy will be held at the West Virginia State Police Academy located at Institute, West Virginia, JUNE 22-26, 2020. Candidates must be between the ages of 14 and 17. **Candidates must be nominated by one of the following: an employee of the WV State Police, a member of the WV Legislature, or the school superintendent of the county in which the candidate attends school.** Nominees submitted by other persons will not be considered. Only one nomination may be submitted by each nominator. The candidate is required to submit a letter of request (250 words maximum) stating the reason they believe they should be selected to attend. This letter must accompany the nomination form. Nomination forms MUST be submitted by Tuesday, March 31, 2020. If accepted into the program, participants will be required to submit a sports physical by a physician.

|  |
| --- |
| JUNIOR TROOPER CANDIDATE  Nominee’s **Full Name**: DOB: Age: Sex: \_\_\_\_\_ Name you go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: County: Zip: \_\_\_\_\_\_\_\_\_  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade (Fall 2019): School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PARENT/GUARDIAN INFORMATION  I give my child permission to participate in the West Virginia State Police Junior Trooper Academy, should he/she be selected.  Signature: Date: \_\_\_\_\_\_\_\_\_\_\_  Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daytime Phone: Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: County: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AFFIRMATION OF PERSON NOMINATING CANDIDATE  I recommend the above named individual for the West Virginia State Police Junior Trooper Academy for the following reasons: (Briefly describe student’s relative law enforcement/criminal justice interest and academic standing)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of person nominating candidate(please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Select One of the Following:  \_ Employee/Retiree, West Virginia State Police \_ West Virginia Legislator \_ County School Superintendent |

West Virginia State Police, 725 Jefferson Road, South Charleston, WV 25309 (304)746-2107 fax: (304)746-2281 shallon.r.oglesby@wvsp.gov