

YOUTH ACADEMY APPLICATION

In partnership with King County Sheriff's Office, Newcastle Police Department & DEA's Operation Engage

Please email or mail your completed application to Stephanie Hynes, the Youth Academy Coordinator.

shynes@rentonwa.gov Attn: Stephanie Hynes | Renton Police Dept | 1055 S. Grady Way, Renton WA 98057

**If applicant is chosen for the academy, you'll receive a waiver/forms packet. Please ensure all documents are completed and submitted by June 7, 2024 to ensure acceptance in the academy.*

APPLICATION INFORMATION				
Name: (First, Last, M.I.)				
Address: (City & Zip Code)				
Date of Birth:		Age:		Gender:
School:		Grade Level: (24-25 School Year)		
PARENT/GUARDIAN INFORMATION				
Parent/Guardian Name:				
Cellphone:		Email:		
APPLICANT QUESTION <i>(Student must answer.)</i>				
Please give a detailed description of why you are interested in attending the Youth Academy <i>(Minimum of one paragraph)</i>				

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____