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**FBI Youth Leadership Academy   
Indianapolis Field Office 2019**

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| --- | --- | --- | --- |
| **Student Candidate Information** | | | |
| **Name:**  **(Last, First, Middle)** |  | | |
| **Home Address:** |  | | |
| **City, State, Zip Code:** |  | | |
| **Home Phone:** |  | **Cell Phone:** |  |
| **Email Address:** |  | **Current Grade:** |  |
| **School Activities (attach page if necessary):** | | | |
| **Community Involvement (attach page if necessary):** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Information and Approval** | | | |
| **Name**  **(Last, First, Middle)** |  | | |
| **Street Address** |  | | |
| **City/State** |  | **Zip Code** |  |
| **Home Phone** |  | **Cell Phone** |  |
| **Business Phone** |  | **Email** |  |
| **Emergency, please call** |  | | |
| **Signature** |  | | |
| **Date** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **School Information and Approval** | | | |
| **School Name** |  | | |
| **Street Address** |  | | |
| **City/State** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **School Official** |  | | |
| **Official’s Position** |  | | |
| **Phone** |  | **Email** |  |
| **Applicant’s GPA** |  | | |
| **Official’s Signature** |  | | |
| **Date** |  | | |

***(OVER)***

* **Please attach an essay of no more than 500 words expressing your interest in the YLA program and how this experience might enhance your future goals.**

RETURN COMPLETED APPLICATION AND ESSAY BY: Monday, April 1, 2019

Send to:

Kathryn Sipes

FBI Community Outreach Specialist

FBI Indianapolis

8825 Nelson B. Klein Parkway

Indianapolis, IN 46250

Program Session Dates: July 8-10, 2019

For questions, contact:

Kathryn Sipes

(317) 845-7035

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