

The Hudson Police Department

Youth Police Academy

July 7th-11th, 2025

Applicant Name: _____
(Last) (First)

Address: _____

Birth Date: ____/____/____ Phone: _____
(month, day, year)

Email: _____

Parent Name: _____

Emergency Contact: _____ Phone: _____

Alt. Emergency Contact: _____ Phone: _____

Relationship to Cadet: _____

List Allergies: _____

- **Include a one page essay stating why you should be considered for this program, this must be submitted with the application.**
- **A letter of recommendation from a school counselor or teacher is also required.**

Shirt Size (adult sizes): S M LG

Due Date June 11th, 2025