

# MISSOURI CADET PATROL ACADEMY

Sponsored by The American Legion Department of Missouri, Inc.  
in Cooperation with the Missouri State Highway Patrol

**54<sup>th</sup> Class held June 7 through June 12, 2026**

## QUALIFICATIONS

1. Age: 16-18. No condition of race, creed or sex is a prerequisite for selection. Former Cadet Patrol graduates will NOT eligible.
2. Applicants must have a C grade average or higher (2.0+ GPA). Home-schooled students that meet the C grade average requirement are also eligible.
3. Must furnish own transportation to and from the Missouri State Highway Patrol Law Enforcement Academy.
4. Every applicant must be of good moral character and come well recommended.
5. ***Applicants must be in excellent physical condition and able to participate in a rigorous physical program.***
6. **Copy of valid Missouri driver's license must be attached.**
7. This application must be endorsed by an American Legion Post in your area to be considered.

## PERSONAL DATA

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School Grade \_\_\_\_\_ Do you Swim? \_\_\_ Yes \_\_\_ No
3. Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Student Email Address: \_\_\_\_\_
5. Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
6. Father's Email Address: \_\_\_\_\_
7. Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
8. Mothers Email Address: \_\_\_\_\_
9. I do believe in The American Legion's Principles of Law and Order and for God and Country. Circle Y N

**UNIFORM MEASUREMENTS: (How to Measure)** For accuracy, you must have someone else measure you. Keep the tape straight and snug, but not too tight. If your measurements are between sizes, order the next larger size, to the nearest inch, e.g., 34, 35, 36, etc. These garments do shrink somewhat with washing, so plan accordingly. **Pants Inseam:** Measure down the inseam of the leg to one inch below the ankle bone and round up to the nearest full inch. *Example:* Actual measurement is 31-1/2" = 32" inseam as shown above. **Waist:** Measure over the shirt (not the trousers). **Neck:** Measure actual collar size to the nearest one-half inch (e.g., 15-1/2, 16-1/2, 17-1/2, etc.) **It is very important that these measurements are correct. Uniforms are ordered from a uniform company using the sizes given from below and cannot be changed.**

**\*\*\* You can find a how-to guide at the back of this application \*\*\***

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Uniform Pants:**

**Uniform Shirts: (Nearest one-half inch)**

**PT Clothes: (XS – 3XL)**

Waist \_\_\_\_\_

Neck \_\_\_\_\_

T-Shirt: \_\_\_\_\_

Inseam \_\_\_\_\_

Chest \_\_\_\_\_

Shorts \_\_\_\_\_

**Neck size must be accurate because shirts will be worn with a necktie.**

**NOTE: PLEASE FILL IN ENDORSEMENTS ON BACK OF FORM.**

**Must submit copy of medical insurance in case of illness. Student will be taken to Urgent Care clinic if complaining of illness while attending the program. Co-payment will be the responsibility of student.**

**MEDICAL CERTIFICATE** (Must be completed in full by applicant.)

1. \_\_\_\_\_  
(Name, Relationship and Phone Number of person to be notified in case of medical emergency.)

2. Circle diseases you have had:

|           |            |              |             |               |               |             |         |          |
|-----------|------------|--------------|-------------|---------------|---------------|-------------|---------|----------|
| Measles   | Mumps      | Smallpox     | Chicken Pox | Pneumonia     | Scarlet Fever | Asthma      | Polio   | Diabetes |
| Allergies | Diphtheria | Appendicitis | Convulsions | Heart Trouble | Lung Trouble  | Ear Trouble | (Other) |          |

3. Date of last Tetanus Shot \_\_\_\_\_

4. Have you been vaccinated against Smallpox? (Please circle) Yes No

5. Have you received Polio Immunization? (Please circle) Yes No

During your stay at the Academy you will be covered by insurance. Your personal medical insurance will be the primary policy and the insurance provided by the Cadet Patrol program is the secondary policy.

**Applicant's Signature** \_\_\_\_\_  
(Name) (Date)

**TO BE COMPLETED BY YOUR FAMILY PHYSICIAN:**

What is the physical condition of the applicant:

Heart \_\_\_\_\_ Ears \_\_\_\_\_ Skin \_\_\_\_\_ Eyes \_\_\_\_\_ Lungs \_\_\_\_\_ Throat \_\_\_\_\_

Do you feel the applicant is physically capable of taking part in a program that includes rigorous physical activity?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

**EMERGENCY AUTHORIZATION**

(To be completed by parent or legal guardian.)

I, \_\_\_\_\_, as the **PARENT** or **LEGAL GUARDIAN** of the applicant, do hereby consent to the performance of emergency medical or dental care, including surgical procedures, for this applicant. I understand this will be done only in an emergency, and by a licensed physician. Anesthesia may be used when deemed necessary, by medical personnel.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

## **ENDORSEMENTS**

1. **SCHOOL** – I hereby certify that the above-named student is a member in good standing of our local high school or home school and has a C grade average or higher (2.0+ GPA) and is recommended for participation in the youth program.

---

Signature of School Official – Name of School – Position

2. **LOCAL LAW ENFORCEMENT OFFICIAL** I, \_\_\_\_\_, regularly employed in the field of law enforcement, do know, or have interviewed the applicant and do recommend him/her as a worthy candidate to participate in the youth program.

---

Signature of Peace Officer

Title

Date

---

**Name of Law Enforcement Office**

3. **LOCAL LEGION POST** – I hereby certify that the above listed applicant is a resident of Missouri. Our Legion Post Cadet Patrol Chairman recommends his/her acceptance in the youth program. **(Note: PAYMENT FOR FEE OF \$450.00 (PAID BY SPONSORING POST) MUST ACCOMPANY APPLICATION. Make the check payable to *The American Legion Department of Missouri*.**

---

**Name and Number of American Legion Post**

---

**Signature of Post Commander or Adjutant**

**Phone Number**

4. **DISTRICT ENDORSEMENT** – The applicant named in the application is hereby approved as our District Representative in the youth program. *(Student must be interested in pursuing a career in Law Enforcement.)*

---

**District #**

**Signature of District Commander or District Cadet Patrol Chairman**

**Date**

**THIS APPLICATION MUST BE RECEIVED BY DISTRICT CHAIRMAN  
NO LATER THAN March 1, 2026.**

**APPLICATION MUST REACH DEPARTMENT HEADQUARTERS BY  
April 1, 2026.**