

# 2024 Manalapan Police Youth Academy



*Week 1 – July 22 – July 26 (15-17 years old)*  
*Week 2 – July 29 – August 2 (13-14 years old)*

The Manalapan Police Youth Academy provides an opportunity for teenagers to engage in their interests in law enforcement through police academy style training, instructional classes, physical fitness and ceremonial and close order drill.

**\*\*This is not a Scared Straight Program\*\***

Hours of daily activities: 8:00 a.m. to 4:00 p.m.

Location: Manalapan High School

Fee: \$75.00 (Covers cost of uniforms, supplies and activities)

Eligible Ages: 13 years old to 17 years old at time of academy

Anyone interested in participating is required to complete a pre-application and either mail it to Manalapan Police headquarters or email to [kearley@manalapanpolice.org](mailto:kearley@manalapanpolice.org) no later than **June 15th, 2024**.

To download a pre-application visit [www.ManalapanPolice.org](http://www.ManalapanPolice.org)

Accepted applicants will receive additional forms to include medical forms.

For additional information, please contact Sergeant Herring or Patrolman Earley at (732)446-8391.



**Manalapan Township Police Department**  
**2024 Youth Academy**  
**Week 1 – July 22-July26 (15-17 years old)**  
**Week 2 – July 29-Aug 2 (13-14 years old)**  
**Pre-Application to Participate**



**Name of Applicant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School Entering / Grade:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Reason You Want To Attend:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Consent of Parent/Guardian:**

*I hereby give consent for the above applicant to participate in the Manalapan Police Youth Academy. I understand that this application will be reviewed and is subject to a background check. I further understand that I will receive notification regarding the acceptance of the applicant into the program. Completion of the pre-application is not a guarantee to attend the youth academy due to limited space. If the applicant is accepted into the youth academy, I understand that the applicant will be required to complete medical forms which must be completed by a physician and returned prior to the start of the Manalapan Police Youth Academy.*

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

*Please return your completed application to:  
Manalapan Township Police Department  
120 Route 522, Manalapan NJ 07726  
or [kearley@manalapanpolice.org](mailto:kearley@manalapanpolice.org)*