Collegiate Law Academy Application

Thank you for your interest in the Kansas Highway Patrol Collegiate Law Enforcement Academy, May 16-21, 2027.

Collegiate Law Academy is designed for any college student who is looking for a career in law enforcement. During the five-day academy, students experience the life of a recruit trooper as they eat, sleep and learn on-site at the Kansas Highway Patrol Training Academy. The daily training schedule includes :

An overview and participation in the following subject areas of a Recruit Trooper will be provided:

- Intro to drill & ceremonies
- Physical training
- Overview of defense tactics
- Overview with our Traffic Stops Team
- Emergency vehicle operators course
- Proper care and use of firearms at our firearms range.

Additionally, classroom instruction and demonstrations will be given on the following topics:

- Introduction to law enforcement legitimacy and ethics
- Overview of the 4th Amendment & citizen contact
- History of the Kansas Highway Patrol
- K-9 demonstration
- Impaired driving enforcement- instructed by BAU (Breath Alcohol Unit)
- KHP aircraft
- Tour of our dispatch center

APPLICATION CHECKLIST - Please include:

- ☐ Completed application packet including 80-100 word essay
  Cell phone images of the completed application will not be accepted
- ☐ Endorsements from the dean and advisor of your college or university
- ☐ Sponsor information
- ☐ Medical Authorization from your primary care physician
- ☐ Select a tuition payment option

ACADEMY TUITION $150

Electronically submit the completed application packet by APRIL 15
You will receive notification of acceptance by email no later than April 26.

Application may also be mailed to: (must be postmarked by April 8)

Kansas Highway Patrol
Attention: Collegiate Law Academy
122 SW 7th Street
Topeka, Kansas 66603

Collegiate Law Academy Application

APPLICANT			
Last:	First:	Middle:	
Date of Birth:	Age:	Gender: ☐ Male ☐ Female	
Address:	City:	Zip:	
Driver's License Number:	State of Issuance:		
Email:	Cell number:		

COLLEGE/UNIVERSITY		
Name of College/University:		
Address:	City:	Zip:
List your activities (school, sports, church, clubs, civic, etc.):		

PARENT INFORMATION		
Mother's Name:		
Cell:	Work phone:	
Address:	City:	Zip:
Father's Name:		
Cell:	Work phone:	
Address:	City:	Zip:

SELECT SHIRT SIZE
☐ S ☐ M ☐ LG ☐ XL

By signing this form, I verify all information is true and accurate and I am free of felony convictions. I also am aware a criminal background check will be completed. If under 18, parental signature is required.

Applicant Signature: _____ Date: _____

Signature of Parent (if under 18): _____ Date: _____

Essay

Please tell us in your own words why you want to attend the Collegiate Law Enforcement Academy (80-100 words)

Applicant:

COLLEGIATE LAW ENFORCEMENT ACADEMY
MEDICAL AUTHORIZATION

Due to the rigorous schedule of the week-long session, special medication or physical limitations will need to be considered for approval. No student will be excused prior to the close of the session except in cases of an emergency (i.e., illness or death in family).

APPLICANT'S INFORMATION		
Last:	First:	Middle:
Known allergies, including any allergies to medicine:		
Any other medical problems which should be noted:		
Do you require any special accommodations (food, medication, physical, etc)		

DOCTOR		
Primary Care Physician:	Phone:	Fax:
Address:	City:	Zip:

INSURANCE	
Name of Insurance Carrier:	Policy Holder:
Policy Holder Date of Birth:	Relationship to policy holder:
Policy #:	Group #:
Insurance Address:	

SECONDARY INSURANCE	
Name of Insurance Carrier:	Policy Holder:
Policy holder Date of Birth:	Relationship to policy holder:
Policy #:	Group #:
Insurance Address:	

EMERGENCY CONTACT *(if other than your parents)*	
Name:	Relationship:
Phone:	

Signature of Parent/Guardian *(if under 18)*: _____

SCHOOL ENDORSEMENT *(to be completed by the school)*

I hereby certify that _____ is a student in good standing at _____ Community College/University and I recommend the applicant's participation in the Kansas Highway Patrol Collegiate Law Enforcement Academy.

Dean of School's Name:	Signature of Dean:
Advisor's Name:	Signature of Advisor:

SPONSOR *(to be completed by the student's college advisor or department head)*

Sponsor's Name:	Signature of Sponsor:
Name of School:	Email Address:
Phone number:	
Is the sponsor able to attend? Yes ☐ No ☐	Gender (for lodging assignment) Male ☐ Female ☐

MEDICAL AUTHORIZATION
FOR PARTICIPATION IN THE COLLEGIATE LAW ENFORCEMENT ACADEMY

To be completed by the applicant's primary care provider

Email completed form to: KHP.collegiatelaw@ks.gov

or mail to:
Kansas Highway Patrol
Attention: Collegiate Law Academy
122 SW 7th Street
Topeka, Kansas 66603

NAME OF APPLICANT:	Date of Birth:
Name of Medical Provider completing this medical authorization:	
Provider Address:	Provider Phone:

CONDITIONS AFFECTING APPLICANT: Please mark all that apply

☐ Asthma	☐ Heart Condition	☐ Skin Conditions	☐ Breathing Difficulties
☐ Heat Related Issues	☐ COVID 19	☐ Sinus Issues	☐ Fainting Spells
☐ Pneumonia	☐ Convulsions/Seizures	☐ Digestive Issues	☐ Diabetes

Please list any precautions regarding marked conditions:	
List all allergies, including allergies to medication:	
Date of last Tetanus Booster:	
Is the applicant using medication or under medical treatment? ☐ Yes ☐ No	If Yes, what? Please be specific:
Does the applicant have any physical limitations? ☐ Yes ☐ No	If Yes, what? Please be specific:

I certify that the above named applicant is physically able to participate in the Collegiate Law Enforcement Academy physical program.

Physician's Signature _____ Date: _____

PAYMENT INFORMATION

ACADEMY TUITION $150

Please initial your payment choice

☐ Payment will be made in full by personal check or money order

☐ Payment will be made by credit/debit card at check-in

I authorize the Kansas Highway Patrol Training Academy to charge my credit/debit card in the amount of $150.00. The charge will be completed upon my arrival and I will receive a receipt for my records.

Cards Accepted

VISA

Master Card

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