Arizona Western College
Law Enforcement Training Academy

Cadet Application

NAME: _____
First Middle Last

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

_____

MAILING ADDRESS: _____

_____

HOME TELEPHONE: _____WORK TELEPHONE: _____

MESSAGE TELEPHONE: _____ TYPE: _____ (Pager, Cell, Etc)

E-MAIL: _____

EDUCATION: (Circle the highest level completed) G.E.D. 12 13 14 15 16 16+

SEMESTER: (Circle one) Winter Spring Summer Fall Year: _____

LAW ENFORCEMENT ACADEMY METHOD OF PAYMENT: _____

STATISTICAL INFORMATION ONLY (Optional)

GENDER: (Circle one) Male Female

RACE/ETHNICITY: (Circle one)

Indian Asian Black Hispanic Pacific Islander Other White

Signed: _____ Date: _____