



NEW JERSEY STATE POLICE

Trooper Youth Week — School Certification

This form is to be completed by **High School Guidance Counselor** signed and uploaded to the **Trooper Youth Application**.

Name of High School	Address (Number & Street, City, State, ZIP Code)	Telephone						
<p><i>I hereby certify the Applicant is in good academic standing and the Applicant will in all likelihood successfully complete their junior year in high school. Additionally, sophomores who are currently 17 years of age may also be eligible. The Applicant must not have reached their 18th birthday prior to the graduation date of their Trooper Youth Week class.</i></p> <table border="0"><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td><i>Name of Guidance Counselor</i></td><td><i>Guidance Counselor Signature</i></td><td><i>Date</i></td></tr></table>			_____	_____	_____	<i>Name of Guidance Counselor</i>	<i>Guidance Counselor Signature</i>	<i>Date</i>
_____	_____	_____						
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