



## **Florida FBI National Academy Associates, Inc. Youth Leadership Academy July 11-18, 2026**

The Florida FBI National Academy Associates, Inc. (FL FBINAA) supports the young leaders of tomorrow through the Youth Leadership Academy (YLA) by offering qualified students the opportunity to participate in an eight-day program of leadership development. The YLA is designed to offer lifelong enrichment opportunities to youth who have demonstrated above average academic standards and good citizenship in efforts to support these exceptional young leader's drive for knowledge and their desire to make a difference in the world.

In the tradition of the FBI National Academy, the mission of the FL FBINAA YLA is to provide a foundation in ethical & moral leadership that encourages students to further develop the knowledge, skills, and abilities necessary to accept the challenge of leadership as a way of life. **The Florida FBI National Academy Associates, Inc. is a private 501(c)(3) nonprofit organization and is not a part of the Federal Bureau of Investigation or acting on behalf of the FBI.**

The FL FBINAA annual YLA is an intense program of classroom study, physical fitness, guest lectures, and leadership experiences. The YLA is limited to students who are rising high school sophomores and juniors, **ages 14 to 16**. The selection process is highly competitive and limited to a certain number of slots.

The YLA is made possible and hosted by the FL FBINAA. Thanks to the generous support of our membership, chapters, sponsors and the FBI, this exciting program is offered at no cost to students accepted into the program. The program is run by a cadre of law enforcement training instructors. Further, the counselors and instructional staff for the program consist of FBI National Academy graduates who are members of the Florida FBINAA. Guest lecturers in various professional disciplines also assist in providing educational content to our YLA students.

The Florida FBINAA host the YLA at Florida Sheriff's Youth Ranch (Camp Sorensen) Hilliard, Florida. This year, the class is being held **July 11-18, 2026**. There is **no cost** to participants that are selected for the class.

**Dates:** July 11, 2026 to July 18, 2026

**Location:** Florida Sheriff's Youth Ranch (Camp Sorensen), Hilliard, Florida 32046  
1017 Joshua Wy, Hilliard, Florida 32046

Interested applicants must submit an application to the Florida FBINAA. Applicants must complete all elements of the following pages and sign certifying the information provided is accurate and truthful. A parent or legal guardian must also sign the application to verify the information, including physical limitations, medical conditions, allergies, required medications, as well as provide consent for the applicant to attend, and fully participate, in the YLA.

Read the application carefully and complete it fully as instructed. **DO NOT submit unsolicited documentation with this application packet** (recommendation letters, certificates, articles, etc.) Any questions about the application, or the application process, should be referred to the Florida FBINAA by sending an email to **YLA@floridafbinaa.org**. Submitting an application does not guarantee selection. Please note, handwritten application will not be accepted.

The Florida FBINAA will verify the qualifications, application, and supporting documents of each applicant prior to formal acceptance to the YLA. Once formally accepted into the program, the Florida FBINAA YLA Coordinator will provide students with additional information and further paperwork to prepare for the YLA.

Please note that applicants need not be related to a member of the FBINAA to be selected to attend the YLA.

Qualified candidates are encouraged to complete the application and submit it prior to the **May 1, 2026** deadline.

Completed applications must be scanned and emailed to **YLA@floridafbinaa.org** or **don.tuten@floridafbinaa.org**. If you have any questions, please contact the YLA Coordinator, Don Tuten, at 904-838-0389.

# FLORIDA FBI NATIONAL ACADEMY ASSOCIATES, INC.

## Youth Leadership Academy Application

### APPLICANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age at the start of YLA (See Website): \_\_\_\_\_

Shirt Size: X-Small Small Medium Large X-Large XX-Large

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rising Grade:  Sophomore  Junior Unweighted GPA \_\_\_\_\_

### PARENT(S) OR LEGAL GUARDIAN(S):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### FAMILY RELATIONSHIP TO AN ACTIVE MEMBER OF THE FBINAA:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Session #: \_\_\_\_\_ FBINAA Member # (if known): \_\_\_\_\_ To be verified by the National Office \_\_\_\_\_

### To be completed by the Florida FBINAA:

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CHAPTER: \_\_\_\_\_

**Handwritten applications will not be accepted.**

**COMMUNITY INVOLVEMENT / VOLUNTEERING ACTIVITIES:** *Not school related or required activities. These include participation in community service organizations & volunteer service. List organization, role, & dates/hours served.*

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_
6. \_\_\_\_\_ Dates: \_\_\_\_\_
7. \_\_\_\_\_ Dates: \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES:** *These include school sponsored organizations and activities (e.g., choral, debate, yearbook, newspaper, clubs, etc.) and organized athletics (school or club)*

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_
6. \_\_\_\_\_ Dates: \_\_\_\_\_
7. \_\_\_\_\_ Dates: \_\_\_\_\_

**SPECIAL SKILLS OR RECOGNITIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I understand I may also need to provide proof of negative testing prior to the start of YLA	Yes	No
I will not use "minor accompanied services" from airlines and am able to meet my YLA Counselor at the airport security checkpoint if traveling alone	Yes	No
I am able to self monitor my food allergies and medications	N/A	Yes No
I have health insurance coverage or will obtain health insurance	Yes	No

\*Health Insurance is a mandatory requirement

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LIMITATIONS AND DIETARY RESTRICTIONS**

List all physical limitations, all medical (physical and emotional) conditions, all known allergies, all dietary restrictions that the applicant currently has, and all required medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be required to submit additional paperwork prior to final selection to the YLA by the FL FBINAA. Additional paperwork may include, but is not limited to, a medical waiver signed by a physician and notarized, student code of conduct, media release, indemnity waiver, COVID-19 waiver, proof of negative COVID testing, background check information, or official school transcripts. \_\_\_\_\_ **Initial here**

**PARENTAL CONSENT**

I understand my student will be attending the Florida FBI National Academy Associates, Inc. (FL FBINAA) Youth Leadership Academy (YLA). With the exception of travel to and from Camp Blanding, I understand that my child will be will be under constant adult supervision. With this understanding I approve of their participation in this program.

I understand that I/We, as the parents or guardians of the applicant, are responsible for all travel arrangements and expenses to and from Camp Blanding for the FL FBINAA YLA.

I further certify that my student is medically, emotionally, and physically fit to **fully** participate in all program requirements. **I will immediately notify the YLA Coordinator if there are changes to their health, and to their medical, emotional, or physical capabilities.**

I understand that should my student leave the program prior to completion I am responsible for arranging travel and related expenses.

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**REQUIRED ATTACHMENTS TO COMPLETE THIS APPLICATION: HIGH SCHOOL TRANSCRIPTS**

Submit High School transcripts showing current GPA with your application to the FL FBINAA YLA Coordinator (If home schooled, follow guidance from your home state). Unofficial transcripts are acceptable though official transcripts may be requested prior to being selected for interviews. DO NOT submit unsolicited documentation with this application packet (recommendation letters, certificates, articles, etc.)

**TO BE COMPLETED BY THE FL FBINAA:** Applicant is recommended by the following:

FBINAA: \_\_\_\_\_

President: \_\_\_\_\_

YLA Coordinator: \_\_\_\_\_