



Application

Full Name: _____

Contact Information Email: _____ Contact Information Phone: _____

Current Mailing Address: _____

If approved, where would you be attending the Veterans Academy from (city/state; address if known):

Rank/Grade: _____ Branch of Service: _____

Years of Service (as of today): _____ Retiring or separating: _____

Command Approved SkillBridge Package? _____ Yes _____ No

If yes, provide approval form to director@hkpoveteransacademy.org.

Approved SkillBridge Dates (from/to): _____

If your dates do not align with the requested cohort, how will you be able to attend the cohort dates that reside outside of your approved SkillBridge dates: _____

Send contact information for your military supervisor and senior enlisted leader to director@hkpoveteransacademy.org.



Do you have a current resume and/or professional biography? _____ Yes _____ No

If yes, email to director@hkpoveteransacademy.org.

Do you currently hold any industry certifications: _____

Do you intend on completing any additional industry certifications prior to the cohort start date: _____

Desired Career Specialty/Industry and/or Area of Focus: _____

Desired Geographical Location for Employment: _____

Desired Employer(s) Post-Internship: _____

Industry Certifications of Interest: _____

Known Scheduling Conflicts During Cohort: _____

What do you want to get out of this program: _____

What motivates you to do great work: _____

Where would you like to be in your career in 3-5 years? _____

How did you hear about HKPO's Veterans Academy? _____

Currently have a LinkedIn account? If yes, provide link: _____

Do you currently hold a security clearance? If so, what level?: _____

** HKPO will occasionally work on contracts that require a security clearance.*

What is the date of your end of obligated service in your service branch? _____

What is the highest level of degree achieved (Associates/Bachelors/Masters/Doctorate?) _____

How many months of project management experience do you have within the last 8 years? _____

Refer a Transitioning Service Member

We understand that transitioning from military to civilian life can be challenging, and the support of fellow veterans can make all the difference. If you know a fellow transitioning service member who could benefit from our program, please refer them to us using the form below.

Please Note: This referral will remain confidential, and we will not share the information provided without the consent of the referred individual. We take privacy seriously and adhere to strict confidentiality standards in line with applicable privacy laws. If the referred individual opts not to participate, no further action will be taken.

Referral Information:

First Name, Last Name: _____

Email Address: _____

Phone Number: _____

First Name, Last Name: _____

Email Address: _____

Phone Number: _____

First Name, Last Name: _____

Email Address: _____

Phone Number: _____

Consent Check:

I confirm that I have obtained consent from the referred service member to share their information with this organization.

By signing below, you agree to fulfill the participant expectations as prescribed above and understand that failure to do so will result in the termination of program participation and your return to your parent command for continuation of military duty.

Signature _____

Date _____

Print Name _____