



Youth Challenge Academy

Application Procedure

In order for an applicant to be considered for an enrollment decision, the application must be complete and accurate.

The following documents **MUST** be submitted:

- Application (2 pages)
- Medical History (3 pages)
- Medical Insurance Information Form (1 page)
- Mentor Application (4 pages) (completed by mentor)
- Birth Certificate (copy)
- Social Security Card (copy)
- Medical Insurance Card (copy)
- Valid government issued identification card (Drivers License, State ID, Military ID) (copy)
- Immunization Record (copy)

All applications must be mailed to the address below! Do not Fax or E-mail the application.



**Youth Challenge Academy
Georgia National Guard
Building 13540, P.O. Box 3610
Fort Stewart, GA 31315**

*Additional Requirement: Test of Adult Basic Education results (TABE). The TABE is a mandatory Requirement. The TABE scores may, but do not have to, accompany the application. Get your TABE scheduled as soon as possible. Do not let this test hold up your application **You may schedule the TABE by calling the YCA Admissions Department at a telephone listed below.** After testing has been completed, the TABE Administrator will forward the results to the YCA Admissions Department.*

Questions or other assistance needed in the application process should be directed to Admissions as follows:

Last Name Begins A-C	Call David John	(912) 876-1724	Cell (912) 977-2863
Last Name Begins D-I	Call Terry Dow	(912) 876-1723	Cell (912) 432-0693
Last Name Begins J-Q	Call Linda Bennett	(912) 876-1722	Cell (912) 977-6717
Last Name Begins R-Z	Call David John	(912) 876-1721	Cell (912) 977-3154

Youth Challenge Academy Application

(Print all information)

What is your preferred method of communication? <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> US Postal Service		Social Security Number: _____								
Name: _____ GA Resident: Yes <input type="checkbox"/> No <input type="checkbox"/> (First) (Middle) (Last)										
Mailing Address where you want to receive correspondence concerning your application: _____										
(Street)		(Apt or Lot #)		(City)		(County)		(State)		(Zip Code)
Home Phone (____) _____					Additional Contact # (____) _____					
Family Income: Persons in Household: _____					Total Annual Income: _____					
Age: _____			Date Of Birth: _____ MM/DD/YY			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				
RACE: Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>										
Color of Hair: _____		Color of Eyes: _____		Height: _____		Weight: _____				
Do you have a GED: Yes <input type="checkbox"/> No <input type="checkbox"/>				Last Grade Completed: _____						
TABE Scores: Reading _____						Math _____				
If you have not taken the TABE, enter the date you have scheduled to take test: _____										
Did you volunteer for this program: Yes <input type="checkbox"/> No <input type="checkbox"/> Month and Year of Dropping Out _____										
Are you unemployed or under-employed? Unemployed <input type="checkbox"/> Under-employed <input type="checkbox"/>										
If you are under-employed, what is your place of employment? _____										
If you are under-employed: What is your hourly wage? _____ How many hours per week? _____										
List two personal accomplishments:										
1. _____										
2. _____										
Parent or Legal Guardian Mailing Address:										
Name: _____ Relationship: _____ (First) (MI) (Last)										
Address: _____										
(Street)		(Apt or Lot #)		(City)		(State)		(Zip Code)		
Home Phone: (____) _____					Work: (____) _____					
E-mail Address: _____										
Recommended by (if applicable): _____										
Telephone Number: _____										

Youth ChalleNGe Academy Application

In 150 words or less, tell us why "I should be accepted into the 22- week Georgia National Guard Youth ChalleNGe Academy." In this short paragraph, also include your future plans and goals.

Essay must be in applicant's handwriting. Use this section. Do not type or submit essay on a separate sheet of paper.

Have you ever been **ARRESTED** or **CONVICTED** by a **CRIMINAL** or **CIVIL COURT**, including **Juvenile Court**, for any offense: YES NO

If "Yes" give date, location, and circumstances of arrest and/or conviction:

I believe that I understand the aims and purposes of the Georgia National Guard Youth ChalleNGe Academy. To the best of my knowledge, all statements made by me on this application are truthful. At this time, I am in good health, drug free, and do not have an alcohol problem. I am not serving a sentence under auspices of any facet of the legal system and I am not on probation. I understand that this is a "TOBACCO-FREE" Academy.

(Applicant's Signature) Date: _____

(Parent or Legal Guardian's Signature) Date: _____

Medical History

Applicant Name		Social Security Number		Age
Present Statement of Health	Allergies		Current Medications & Dosages	
Height	Weight		Right Handed <input type="radio"/> Left Handed <input type="radio"/>	
DO YOU HAVE OR EVER HAD:	Yes	No	If you marked yes, please explain.	
Household contact with anyone who has tuberculosis				
Tuberculosis or positive TB test				
Blood in saliva or when coughing				
Excessive bleeding after injury or dental work				
Suicide attempt or plans				
Sleep-walking				
Wear corrective lenses				
Eye surgery to correct vision				
Lack vision in either eye				
Wear hearing aid				
Stutter or stammer				
Wear a brace or back support				
Scarlet fever				
Rheumatic fever				
Swollen or painful joints				
Frequent or severe headaches				
Dizziness or fainting spells				
Hearing loss				
STD/syphilis/gonorrhea, etc.				
Recent gain/loss of weight				
Loss of finger/toe				
Bed-wetting since age 12				
Kidney stone/blood in urine				
Diabetes or hypoglycemia				
Recurrent ear infections				
Severe tooth or gum trouble				

DO YOU HAVE OR EVER HAD:	Yes	No	If you marked yes, and the condition has been present in the last five (5) years, please explain.
Shortness of breath			
Chronic cough			
Palpitation or pounding heart			
Heart trouble			
High or low blood pressure			
Frequent leg cramps			
Frequent indigestion			
Stomach, liver, intestinal trouble			
Gall bladder trouble or gallstones			
Jaundice or hepatitis			
Broken bones			
Skin diseases			
Tumor, growth, cyst, or cancer			
Hernia			
Hemorrhoids or rectal disease			
Frequent or painful urination			
Eating disorder			
Thyroid trouble or goiter			
Arthritis, rheumatism, or bursitis			
Bone, joint, or other deformity			
Painful or "trick" shoulder or elbow			
Recurrent back pain or any back injury			
Trick or locked knee			
Foot trouble			
Nerve injury			
Paralysis			
Epilepsy or seizures			
Car, train, or air sickness			
Chronic depression			
Loss of memory or amnesia			
Periods of unconsciousness			
X-ray or any radiation therapy			
Chemotherapy			

DO YOU HAVE OR EVER HAD:	Yes	No	If you marked yes, and the condition has been present in the last five (5) years, please explain.	
Sinusitis or hay fever				
Asthma				
Tire easily				
Pain or pressure in chest				
Sensitivity to chemicals, dust, sunlight, etc.				
Inability to perform certain motions				
Inability to assume certain positions				
Have you ever been treated for a mental condition?				
Have you had, or have you been advised to have, any operations?				
Have you been a patient in any type of hospital?				
Have you ever had any illness or injury other than those already noted?				
Exposure to asbestos or toxic chemicals?				
Have you ever been diagnosed with a learning disability?				
Used illegal substance / Use tobacco?				
Female Only			Date of last Menstrual Period	Date last PAP smear
Treated for a female disorder				
Change in menstrual pattern				

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete.

Parent or Guardian Signature & Date

MEDICAL INSURANCE INFORMATION SHEET

This information sheet must be completed in order for the applicant to be enrolled in Youth ChalleNGe Academy.

CANDIDATE'S BIRTH NAME: _____ SSN: _____

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: _____ SSN: _____

DO NOT CURRENTLY HAVE ANY TYPE OF MEDICAL INSURANCE? YES ___ NO ___
IF YOUR ANSWER IS YES, PLEASE COMPLETE THE FOLLOWING:

ARE YOU CURRENTLY ON MEDICAID? : YES ___ NO ___ MEDICAID ACCT# _____

COUNTY IN WHICH APPLICANT IS CURRENTLY ENROLLED: _____

MILITARY DEPENDENT? : YES ___ NO ___

IF YES, SPONSOR'S NAME: _____ SSN: _____

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TRICARE ACCOUNT NUMBER: _____

SPONSOR'S MILITARY UNIT: _____ UNIT PHONE: _____

PRIMARY INSURANCE:

NAME: _____ POLICY NUMBER: _____

GROUP NUMBER: _____ POLICY HOLDER: _____

INSURANCE COMPANY ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

INSURANCE COMPANY PHONE NUMBER: (_____) _____

SECONDARY INSURANCE:

NAME: _____ POLICY NUMBER: _____

GROUP NUMBER: _____ POLICY HOLDER: _____

INSURANCE COMPANY ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

INSURANCE COMPANY PHONE NUMBER: (_____) _____

MENTOR PROSPECT

The Post-Residential Phase of the Georgia National Guard Youth Challenge Academy program is crucial to the long-term success of graduates. The goal of the Post-Residential Phase is to ensure graduates achieve their identified goals and remain free from criminal activity and substance-abuse problems. Mentors who are committed to helping the young person they volunteer to assist, are **indispensable** in the Post-Residential Phase, and ultimately, to the long-term success of the graduate.

Good mentors may be found in many places: youth workers, teachers, religious leaders, coaches, business professionals, community workers, good neighbors.... It is best if the candidate already has a relationship or knows the potential mentor.

QUALIFICATIONS OF A MENTOR

- Be at least 21 years old and the same gender as the candidate.
- Live in the same geographical area as the candidate.
- Be able to successfully pass a criminal background check.
- Not live in the same house, be a close relative, the girlfriend/boyfriend's parent, or the employer of the candidate or his/her parents or guardian.
- Capable of being a role model who demonstrates by example the types of life-skills, work-ethics and attitudes needed to be a productive member of society.

ACADEMY'S EXPECTATION OF MENTORS

- Attend a four (4) hour mentor training session that will be provided (discussed below).
- Write cadet and provide encouragement during the five (5) month residential phase.
- **Contact the graduated cadet at least once a week (face-to-face at least twice a month) during the twelve (12) month Post-Residential Phase following graduation.**
- Provide guidance for social development and achievement of the graduate's goals and objectives after graduation.

MENTOR TRAINING

All individuals volunteering to be a mentor **MUST ATTEND MENTOR TRAINING**. Individuals will receive training in program requirements, supervision and guidance of at-risk youth, available support resources, and the actual role of a mentor. Each mentor will receive more information regarding training after the youth has been accepted. Mentors are required to attend one training session. For additional information, contact at Fort Stewart, Ms. Fisher (912) 876-1743/1745; or at Fort Gordon, Ms. Howard at (706) 823-9274.

NAME OF THE STUDENT I WISH TO MENTOR: _____

STUDENT DOB: _____ Cleared: Y / N: _____

MENTOR APPLICATION FORM

DATE OF BIRTH: _____

(MUST PROVIDE IN ORDER TO PROCESS)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

*ETHNICITY (Circle One): **American Indian/Alaskan** **Asian or Pacific Islander**

Black not of Hispanic Origin **Hispanic** **Multiracial** **Other** **White not of Hispanic Origin**

GENDER (Circle One): **Male** **Female** MARITAL STATUS (Circle One): **Married** **Single** **Widowed**

SPOUSE'S NAME: _____ NUMBER OF CHILDREN: _____

EMPLOYMENT INFORMATION

OCCUPATION: _____

EMPLOYMENT STATUS (Circle One): **Full-Time** **Part-Time** **Volunteer** **Retired** **Unemployed**

ORGANIZATION: _____ HOW LONG EMPLOYED? _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS:

POSITION	EMPLOYER	HOW LONG EMPLOYED	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME ADDRESS INFORMATION

STREET ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____

PAGER: (____) _____ E-MAIL: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL/GED GRADUATE: **Yes** **No** YEAR: _____

YEARS OF COLLEGE/ UNIVERSITY: **None** **1-2** **3-4** **5-8** **9-12**

DRIVING & LEGAL INFORMATION

DO YOU HAVE YOUR OWN TRANSPORTATION? **Yes** **No**

DO YOU HAVE CAR INSURANCE? **Yes** **No**

IF NO, DO YOU HAVE ACCESS TO TRANSPORTATION? **Yes** **No**

WOULD YOU BE ABLE TO ATTEND MENTOR TRAINING? **Yes** **No**

HAVE YOU EVER USED ILLEGAL DRUGS? **Yes** **No**

IF YES, WHEN AND WHAT TYPE OF DRUGS? _____

WILL BE USED FOR STATISTICAL DATA ONLY.

NAME OF THE STUDENT I WISH TO MENTOR: _____

YOUTH EXPERIENCE

DO YOU HAVE EXPERIENCE WITH YOUTH/CHILDREN? **Yes** **No** IF YES, DESCRIBE:

WHY DO YOU WANT TO BECOME A VOLUNTEER MENTOR WITH THE YOUTH CHALLENGE PROGRAM?

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

PLEASE EXPLAIN HOW YOU CAME TO KNOW THE CANDIDATE YOU WISH TO MENTOR: _____

LIST ANY INTERESTS, HOBBIES AND ACTIVITIES YOU ENJOY: _____

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD BE WILLING TO SHARE? **Yes** **No**

IF YES, PLEASE EXPLAIN: _____

REFERENCES---PROVIDE FOUR (4), NON-RELATED (EMPLOYER, CLERGY, FRIEND)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM AND AM IN GOOD HEALTH. I AM NOT, NOR WILL I BE, DRUG- OR ALCOHOL-DEPENDANT DURING MY MENTORSHIP. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES IN MY APPLICATION INFORMATION TO YOUTH CHALLENGE ACADEMY.

APPLICANT'S SIGNATURE

DATE

NAME OF THE STUDENT I WISH TO MENTOR: _____

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched YCA graduate, and that I must exercise care in supervising my mentee while we are together. I also understand and agree that I am not a ChalleNGe Program agent, and that I am responsible for choosing and conducting all activities with my mentee, and that ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Georgia.

I therefore agree that ChalleNGe will not be liable for, and I agree to hold ChalleNGe harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or ChalleNGe's negligence, or otherwise.

I further release ChalleNGe from any and all liability, claims, demands or actions, or causes of action whatsoever, arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of ChalleNGe, its officers, agents, servants, employees, or otherwise.

Mentor's Signature _____

Date _____

NAME OF THE STUDENT I WISH TO MENTOR: _____

Mentor Authorization To Release Information

I, _____, hereby authorize the ChalleNGe Program, along with law enforcement departments, to conduct whatever background search that may be deemed appropriate.

This information is necessary to assist in determining my qualifications and suitability for the mentoring position I am seeking with the ChalleNGe Program.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release the ChalleNGe Program and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Program.

Full name _____ Ethnicity _____

Any other name used _____

Date of birth _____ Gender _____

Place of birth _____

Social Security Number (Last Four Numbers Only) _____

Length of time lived in this state _____

State where you used to live _____

Signed _____

Dated _____

To Be Completed by Law Enforcement Agency

This individual is: _____ clear _____ not clear

COMMONLY ASKED QUESTIONS AND ANSWERS

GENERAL QUESTIONS ABOUT THE PROGRAM:

1. How old does my child have to be to be eligible for YCA?

- Your child must be **16 before the first day of class.**
- Your child **cannot turn 19 before the first day of class.**

2. How much does it cost?

- The program is state and federally funded. There are **no tuition or application fees.**
- You are responsible for any fees to take the TABE test.
- You are responsible for providing the required list of items on the packing list issued at orientation.

3. What class will my child be able to enter?

- The Admissions Office continuously accepts applications.
- Beginning dates for classes are tentatively scheduled as follows and candidates are normally assigned to the next available class:

January: Fort Stewart

March: Fort Gordon

July: Fort Stewart

September: Fort Gordon

4. When will I know if my child is accepted?

- You are **notified by mail** of acceptance as soon as the decision is made.

5. How long does the program last?

- The applicant is a **resident for 22 weeks.**
- The applicant is **assisted by his/her mentor for 12 months after graduation.**

6. Can my child be forced to attend?

- **NO! The Youth Challenge Academy takes only applicants who volunteer for the program!**

7. What diploma/s will my child receive?

- If your child completes **all 8 Core Components of the program**, he/she will receive the **Youth Challenge Academy Diploma.** Also, your child may receive the GED Diploma for successfully completing all four (4) parts of the **General Educational Development (GED) Test.**

8. Does my child have to join the military after graduation?

- **No. Even though the ASVAB test is given to all students, SAT, ASSET, and ACT tests are offered for those interested in college or vocational school.**

9. What is a TABE Test, and where does my child get one?

- Call the Admissions Department for full information on the TABE Test.
- The TABE Test is a measurement of reading and math skills given in grade levels.
- TABE Test results are forwarded to the Admissions Office.
- **TABE scores are necessary to make the application complete!**

10. Does my child have to be withdrawn from school to apply?

- If your child is enrolled in school, it is not recommended that you withdraw him or her until your child starts Youth Challenge Academy.

11. Does a physician need to complete the medical history?

- The medical history can be completed by you and your child.
- If the child has a medical problem that keeps him or her from completing the physical training, a doctor's statement will be requested.

12. What if my child has lost his or her Social Security Card?

- Visit your local Social Security Office and reapply for the card.
- The paper issued to your child by that office will have verification of the number. Only this verification or a copy of the card itself is accepted as proof of your child's number.

13. Where do I find a mentor prospect?

- You and your child choose this person, and the person you choose completes the enclosed mentor application.
- It is required your child provide a mentor prospect in order to be eligible.
- Mentor requirements are listed on the 1st page of the mentor application

14. After completing the application, may I fax it?

- **NO! Original signatures are required on the application!**
- **Our address is on the front page. Completed applications should be mailed in enough time to reach us before the deadline of the next available class!!!!**

15. Do I need to send original documents (Social Security Card, Valid Government-issued ID, Birth Certificate, etc.) to you?

- **NO!** Regular copies can be sent.
- Copies need to be clear and legible.

16. Does my child need to have an interview?

- On occasion an interview may be required.
- You will be notified if we feel this is necessary.