



# HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

OAHU (808) 673-7530 HAWAII ISLAND (808) 369-0950

Website: [dod.hawaii.gov/yca](http://dod.hawaii.gov/yca)

Submit via Email: [admissions.yca.oahu@hawaii.gov](mailto:admissions.yca.oahu@hawaii.gov)

<b>SSN#: PROVIDE COPY</b>		<b>LEGAL NAME: FAMILY/LAST</b>		<b>FIRST/GIVEN</b>		<b>FULL MIDDLE</b>	
____ / ____ / ____							
STREET ADDRESS				CITY		STATE	ZIP CODE
MAILING ADDRESS (If same as above check here) <input type="checkbox"/>				CITY		STATE	ZIP CODE
<b>GENDER</b>		<b>BIRTHDATE</b>		<b>AGE</b>		<b>EMPLOYED?</b>	
FEMALE		MO / DAY / YEAR				YES <input type="checkbox"/>	
MALE		/ /				NO <input type="checkbox"/>	
						US CITIZEN? YES <input type="checkbox"/>	
						NO <input type="checkbox"/>	
						ATTACH COPY OF GREEN CARD	
						<input type="checkbox"/> VISA <input type="checkbox"/> -94	
						<input type="checkbox"/> PERMANENT RESIDENT	
						Other Ph#:	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic							
<b>Mother's ( Female Guardian) Information</b>							
Last, First Name		Relationship		Email		Phone	
STREET ADDRESS				CITY & STATE		ZIP CODE	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic							
<b>Father's ( Male Guardian) Information</b>							
Last, First Name		Relationship		Email		Phone	
STREET ADDRESS				CITY & STATE		ZIP CODE	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic							
<b>ACADEMIC DECLARATION</b>							
<b>LIST EVERY HIGH SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY</b>							
MOST RECENT SCHOOL /PROGRAM (DO NOT USE ABBREVIATIONS)				CITY/STATE/COUNTRY		ATTENDED/ATTENDING	
						FROM M/Y	TO M/Y
<b>PERSONAL STATEMENT ESSAY (ATTACH PAPER AS NEEDED)</b>							
1. I would like to go to Youth Challenge because...							
_____							
_____							
_____							
2. My future goal is to...							
_____							
_____							
_____							
<b>Referral Information</b>							
How did you hear about Youth Challenge		What advertisements have you seen?		What made you come to orientation?			
Did a person refer you to Youth Challenge? Yes <input type="checkbox"/> No <input type="checkbox"/>		Who?		Why did the refer you?			

CONTINUE ON REVERSE SIDE

**RESIDENCY DECLARATION (Submit Government-Issued Identification)**

I am a legal resident of Hawaii based on:

- |  |  |
|--|--|
| <input type="checkbox"/> I was born in the United State or one of its Territories.       | <input type="checkbox"/> Naturalized U.S. Citizen    |
| <input type="checkbox"/> Assigned to Hawaii by a U.S. federal agency (i.e. the Military) | <input type="checkbox"/> Legal Residency Card (I-94) |

**LEGAL DECLARATION [Submit Abstract/Letter of Clearance]**

- I have never been arrested
- I have been arrested in the past.      When? \_\_\_\_\_      For What? \_\_\_\_\_
- I am on Probation for Juvenile Status. Probation Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- I have pending cases against me. My court date is set for: \_\_\_\_\_ Charge: \_\_\_\_\_

**ALCOHOL AND DRUG FREE DECLARATION [Submit Academy-Approved Drug Test]**

By my initials, I understand that the Hawaii National Guard Youth Challenge Academy, (YCA) is and Alcohol, Tobacco and Drug free environment, with a Zero Tolerance policy against drug use. I understand that I will be subject to random drug and toxicology screenings at anytime while attending YCA and if I am found to test positive for substance abuse or am caught in possession of any of the aforementioned substances, I may be dismissed from YCA immediately without notice.

Init: \_\_\_\_\_

**MEDICAL DECLARATION [Submit Medical Physical Clearance within 12 months]**

By my initials, I understand that the YCA is physically, emotionally, and mentally demanding and that it is my responsibility to inform the YCA staff of any pre-existing medical issues or concerns prior to my being accepted into the YCA program. To ensure that I am physically prepared for the YCA, I am required to complete a standrad Hawaii DOE sports physical and provide a copy of that physical to the YCA admissions staff. Also, upon my reporting to the YCA, I am required to turnover all prescribed medications and accompanying documentation to the YCA medical staff who will monitor my use of this medication in accordance with all physician's written guidelines.

Init: \_\_\_\_\_

**MENTOR PROSPECT**

I understand that I am required to find a mentor to assist me in completing the YCA program. This mentor must be at least 23 years old, the same gender as myself, cannot live in my household, cannot be a parent or grandparent and must pass a criminal background check. This mentor must commit to attending an 8-hour training session and be willing to visit with me at least once a week during the 3rd and 4th months of the YCA residential program. Upon my graduation, this mentor will be required to submit weekly reports on my progress towards achieving my life goals as established during the residential portion of the YCA program.

By my initials, I understand that I may be discharged if I do not provide a trained mentor by week 13.

Init: \_\_\_\_\_

Mentor Prospect 1:

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MARITAL STATUS: **M S D W**  
RELATIONSHIP TO YOU: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

Mentor Prospect 2:

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MARITAL STATUS: **M S D W**  
RELATIONSHIP TO YOU: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I certify that the responses provided on this application form are complete and true to the best of my knowledge and belief. **I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission.** I agree to provide documents relevant to the determination of my residency status and age as required by national guidelines. Furthermore, I understand that the YCA shares a common database and personal information may be accessed by authorized Youth Challenge Academy and National Guard personnel.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Applicant is under 18,  
Parent/Guardian's Signature: \_\_\_\_\_