



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY APPLICATION

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PLEASE SUBMIT TO ADMISSION OFFICE

SSN#: PROVIDE COPY	LEGAL NAME: FAMILY/LAST	FIRST/GIVEN	FULL MIDDLE
___ / ___ / ___			

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE AND EMAIL
				Cell:

MAILING ADDRESS (If same as above check here) <input type="checkbox"/>	CITY	STATE	ZIP CODE	Home:
				Email:

GENDER	BIRTHDATE	AGE	EMPLOYED?	US CITIZEN?	ATTACH COPY OF GREEN CARD	Other:
<input type="checkbox"/> FEMALE	MOS / DAY / YEAR			<input type="checkbox"/> YES	<input type="checkbox"/> VISA <input type="checkbox"/> I-94	
<input type="checkbox"/> MALE	/ /			<input type="checkbox"/> NO	<input type="checkbox"/> PERMANENT RESIDENT	

Racial Background: American Indian Alaskan Native Asian African American/Black American Samoan
 Filipino Gumanian/Chamorro Hawaiian Micronesia Pacific Islander Samoan White Hispanic

Mother's (Female Guardian) Information

Last, First Name	Relationship	Email	Phone

STREET ADDRESS	CITY & STATE	ZIP CODE

Racial Background: American Indian Alaskan Native Asian African American/Black American Samoan
 Filipino Gumanian/Chamorro Hawaiian Micronesia Pacific Islander Samoan White Hispanic

Father's (Male Guardian) Information

Last, First Name	Relationship	Email	Phone

STREET ADDRESS	CITY & STATE	ZIP CODE

Racial Background: American Indian Alaskan Native Asian African American/Black American Samoan
 Filipino Gumanian/Chamorro Hawaiian Micronesia Pacific Islander Samoan White Hispanic

ACADEMIC DECLARATION

LIST EVERY HIGH SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY

MOST RECENT SCHOOL /PROGRAM (DO NOT USE ABBREVIATIONS)	CITY/STATE/COUNTRY	ATTENDED/ATTENDING	
		FROM M/Y	TO M/Y

PERSONAL STATEMENT ESSAY (ATTACH PAPER AS NEEDED)

1. I would like to go to Youth Challenge because...

2. My future goal is to...

Referral Information

First Name	Last Name	Phone	Relationship
Organization	Referral Date	Email	Occupation

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 Academy and National Guard Personnel.

Date: _____

Applicant's Signature: _____

Date: _____

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