



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

OAHU (808) 673-7530



Website: dod.hawaii.gov/yca

Submit via email to: admissions.yca.oahu@hawaii.gov

SSN#: PROVIDE COPY	LEGAL NAME: LAST/FAMILY	FIRST/GIVEN	FULL MIDDLE
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STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE AND EMAIL
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MAILING ADDRESS (If same as above check here) <input type="checkbox"/>	CITY	STATE	ZIP CODE	Cell:
				Home:
				Email:

GENDER	BIRTHDATE (MM/DD/YYYY)	AGE	EMPLOYED?	US CITIZEN?	ATTACH COPY OF GREEN CARD	Other Phone #:
<input type="checkbox"/> FEMALE			YES <input type="checkbox"/>	YES <input type="checkbox"/>	<input type="checkbox"/> VISA <input type="checkbox"/> I-94	
<input type="checkbox"/> MALE			NO <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> PERMANENT RESIDENT	

Racial Background: ___ American Indian ___ Alaskan Native ___ Other Asian ___ African American/Black ___ Japanese ___ Chinese
 ___ Filipino ___ Guamanian/Chamorro ___ Hawaiian ___ Micronesian ___ Pacific Islander ___ Samoan ___ White ___ Hispanic

Preferred contact methods: Call Text Email

MOTHER/FEMALE GUARDIAN INFORMATION

LAST, FIRST NAME	RELATIONSHIP	EMAIL	PHONE
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STREET ADDRESS	CITY & STATE	ZIP CODE
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Racial Background: ___ American Indian ___ Alaskan Native ___ Other Asian ___ African American/Black ___ Japanese ___ Chinese
 ___ Filipino ___ Guamanian/Chamorro ___ Hawaiian ___ Micronesian ___ Pacific Islander ___ Samoan ___ White ___ Hispanic

Preferred contact methods: Call Text Email

FATHER/MALE GUARDIAN INFORMATION

LAST, FIRST NAME	RELATIONSHIP	EMAIL	PHONE
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STREET ADDRESS	CITY & STATE	ZIP CODE
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Racial Background: ___ American Indian ___ Alaskan Native ___ Other Asian ___ African American/Black ___ Japanese ___ Chinese
 ___ Filipino ___ Guamanian/Chamorro ___ Hawaiian ___ Micronesian ___ Pacific Islander ___ Samoan ___ White ___ Hispanic

Preferred contact methods: Call Text Email

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 MM/YY	TO MM/YY

PERSONAL STATEMENT ESSAY (Attach paper as needed)

1. I would like to attend Youth Challenge Academy because...

2. My future goal is to...

RESIDENCY DECLARATION (Submit Government-Issued Identification)

I am a legal resident of Hawaii based on:

Born in the United States or one of its territories.

Assigned to Hawaii by a U.S. federal agency (e.g., the military)

Naturalized U.S. citizen

Legal Residency Card (I-94 or Permanent Resident Card)

LEGAL DECLARATION (Submit Abstract/Letter of Clearance)

Check ALL that apply

I have never been arrested

I have been arrested in the past.

Date:

Charge:

I am on Probation for Juvenile status.

PO's Name:

Phone:

I have pending cases against me.

Court Date:

Charge:

I have been convicted of a felony or misdemeanor?

Date:

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 an 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 any time 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, mentally, and emotionally 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 standard 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 turn over all prescribed medications and accompanying documentation to the YCA medical staff who will monitor my use of this medication in accordance with all physicians' written guidelines.

Init: _____

Check ALL that apply

I have health insurance

I currently do not have health insurance.

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 attend 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 toward 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: _____

RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

Mentor Prospect 2:

NAME: _____ GENDER: _____ DOB: ___ / ___ / ___ MARITAL STATUS: _____

RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

REFERRAL INFORMATION

How did you hear about Youth Challenge?

Did a person refer you? If yes, who?

Why did they refer you?

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:

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"