



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, and Military ID) (copy)
- ☐ Immunization Record (copy)
- ☐ Unofficial Transcript with Behavioral and Attendance Records (Copy)

All applications must be mailed to the address below, faxed to 912-876-1764 or E-mailed to ycaadmissions@gmail.com

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

ONCE YOU SUBMIT THE APPLICATION YOU WILL BE NOTIFIED BY TEXT, EMAIL OR PHONE THAT IT WAS RECEIVED IN THE ADMISSIONS DEPARTMENT. ALL ADDITIONAL CORRESPONDENCE WILL BE BY TEXT OR EMAIL UNLESS OTHERWISE REQUESTED AT THE TOP OF THE APPLICATION.

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

Call Kianga Lambert	(678) 569-6011	Cell (912)432-1100
Call David John	(912) 876-1724	Cell (912) 977-2863
Call Aisha Ervin	(678)569-3946	Cell (912) 977-3154
Call Jeffrey Helms	(706) 823-8039	Cell (706) 993-7808
Call Linda Bennett	(912) 876-1722	Cell (912) 977-6717
Call Earlene Hamilton	(478) 445-3749	Cell (404) 274-2940

What is your preferred method of communication? <input type="checkbox"/> E-mail <input type="checkbox"/> Text <input type="checkbox"/> US Mail <input type="checkbox"/> Phone				Social Security Number: <div style="display: flex; justify-content: space-between;"> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> </div>			
Name: _____ GA Resident: Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="display: flex; justify-content: space-between; width: 100%;"> (First) (Middle) (Last) </div>							
Mailing Address where you want to receive correspondence concerning your application: <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (Apt or Lot #) (City) (County) (State) (Zip Code) </div>							
Cell Phone (_____) _____ Home: (_____) _____							
Family Income: Persons in Household: _____ Total Annual Income: _____							
Age: _____		Date Of Birth: _____ <div style="text-align: center; font-size: small;">MM/DD/YY</div>			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: _____							
Did you volunteer for this program: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Month and Year of Withdrawing from School: _____							
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: <div style="margin-top: 5px;"> 1. _____ 2. _____ </div>							
Parent or Legal Guardian Mailing Address: <div style="margin-top: 10px;"> Name: _____ Relationship: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (First) (MI) (Last) </div> </div> <div style="margin-top: 5px;"> Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (Apt or Lot #) (City) (State) (Zip Code) </div> </div> <div style="margin-top: 5px;"> Cell Phone: (_____) _____ Work: (_____) _____ </div>							
E-mail Address: _____							

(Parent or Legal Guardian's Signature)

Medical History

Applicant Name		Social Security Number	Age
Present Statement of Health Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent <input type="checkbox"/>	Allergies	Current Medications & Dosages	
Height	Weight	Right Handed <input type="checkbox"/>	Left <input type="checkbox"/>

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			Date of Attempt:
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?			Date From: _____ Date To: _____ Location _____

Have you had, or have you been advised to have, any operations?				
Have you been a patient in any type of Hospital?			Date From:	Date To:
			Location:	
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 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 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
April:	Milledgeville
July:	Fort Stewart
September:	Fort Gordon
October:	Milledgeville

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

- You are notified by email, text or 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 or High School Diploma if chosen for that program.

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. 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.

10. 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.

11. 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.

12. 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

13. 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.

14. 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.