

Georgia Youth ChalleNGe Program Candidate Application Documents



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The submitted documents are for	r the following applicant:		
Applicant Information			
Last Name	First Name		МІ
Phone Number ()_			
Email			
Date of Birth (mm/dd/yyyy) (You must be between 16 and 18 years eligible due to your age, your		class date for which	
Parent/Guardian			
Last Name	First Name		мі
Mailing Address			
City	State	Zip	
Phone Number	Alternate Phone		
Email			

NOTE: It is requested that you <u>DO NOT</u> submit individual images of documents with your phone due to the image quality and clarity issues. PDF documents are acceptable.

It is highly recommended that you keep a copy of your completed application documents for your personal records.

As your application documents are collected, the campus selection committee will review them and will inform you of their decision on your selection.

During this process of consideration, you may be invited to attend a Program Orientation in which you can also bring any documents needed for your application file.