



Youth Challenge Academy

Georgia National Guard
Building 13540, P.O. Box 3610
Fort Stewart, GA 31315
E- mail georgiayca@yahoo.com

Application Procedure

Admission to the Youth Challenge Academy comes after a formal review process by the State Selection Committee and approval by the Director of Youth Programs. In order for an applicant to be considered for an enrollment decision, the application must be complete and all documents submitted as outlined. Incomplete applications will not be forwarded to the State Selection Committee. Your submittal is a reflection of you, so make your application as neat as possible.

The following documents (copies) MUST be attached to the application:

Birth Certificate

Social Security Card

Test of Adult Basic Education (TABE) Scores

Medical Insurance Card(s)

Immunization Record

Valid (State or Federal) Identification Card

Mentor Application

Mentor Liability Release Form

Authorization to Release Information Form (Mentor)

Question or assistance needed in the application process should be directed to Admissions as follows:

Last Name Begins A - C (David L. John) (912) 767-9329

Last Name Begins D - I (Terry Dow) (912) 767-0270

Last Name Begins J - Q (Joe E. Davis) (912) 767-0326

Last Name Begins R - Z (Steve Cooper) (912) 977-3154



Youth Challenge Academy Application

(Print all information)

Date: Month _____ Day _____ Year _____	Social Security Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Name: _____ GA Resident: Yes ___ No ___ <div style="display: flex; justify-content: space-between; width: 100%;"> (Last) (First) (Middle) </div>											
Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Street) (City) (County) (State) (Zip Code) </div>											
Home Phone (_____) _____ Additional Contact # (_____) _____											
Family Income: Less than 15K _____ 5-25K _____ 25-35K _____ More than 35K _____											
Age: _____	Date Of Birth: _____ MM/DD/YY										
Sex: _____											
RACE: Black _____ White _____ Asian _____ Hispanic _____ Native American _____ Other _____											
Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____											
Do you have a GED: Yes ___ No ___ Last High School Attended _____											
Last Grade Completed: _____ TABE Scores: Reading _____ Math _____											
Did you volunteer for this program: Yes _____ No _____ Month and Year of Drop Out _____											
List two personal accomplishments: 1. _____ 2. _____											
Parent or Legal Guardian Mailing Address:											
Name: _____ Relationship: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Last) (First) (MI) </div>											
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Street) (City) (State) (Zip Code) </div>											
Home Phone: (_____) _____ Work: (_____) _____											
E-mail Address: _____											
Recommended By (If applicable): _____											
Telephone Number: _____											

Youth Challenge Academy Application

In 150 words or less, tell us why "I should be accepted into the 22 weeks Georgia National Guard Youth Challenge Academy." In this short paragraph also include what your future plans and goals are.

Have you ever been **ARRESTED** or **CONVICTED** by a **CRIMINAL** or **CIVIL COURT**, including **Juvenile Court**, for any offense: **YES** _____ **NO** _____

If "Yes" give date, location and circumstances of arrest and conviction:

I believe that I understand the aims and purposes of the Georgia National Guard Youth Challenge Academy. To the best of my knowledge all statements made by me on this application are truthful. At this time I am in good health, drug free, do not have an alcohol problem nor am I serving a sentence under auspices of any facet of the legal system. I understand that this is a "TOBACCO FREE" Academy.

(Applicants Signature) Date: _____

(Parent or Legal Guardian's Signature) Date: _____

Medical History

Applicant Name		Social Security Number		Age
Present Statement of Health	Allergies	Current Medications & Dosage		
Height	Weight	Right Handed <input type="radio"/>		Left Handed <input type="radio"/>
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.	
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				
Sleeping 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 cramp in legs			
Frequent indigestion			
Stomach , liver, intestinal trouble			
Gallbladder trouble or gallstones			
Jaundice or hepatitis			
Broken bones			
Skin diseases			
Tumor, grow, 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			
Period 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?				
Have you had, or have you been advised to have any operations?				
Have you been a patient in any in any type of hospital?				
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	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.

CADET'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 cadets (students). The goal of the Post-Residential Phase is to ensure cadets 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** to the Post-Residential Phase, and ultimately, the long-term success of the cadet.

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 cadet already has a relationship or knows the potential mentor.

QUALIFICATIONS OF A MENTOR

- Be at least 23 years old and the same gender/sex as the cadet.
- Live in the same geographical area as the cadet.
- Be able to successfully pass a criminal background check.
- Not live in the same house, be a close relative, the girlfriend/boyfriend's parents, or the employer of the cadet 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 cadet at least once a week (face-to-face at least twice a month) during the twelve (12) month Post-Residential Phase immediately following graduation.**
- Provide guidance for social development and achievement of the cadet'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. 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 Fort Stewart: Susan Morgan at (912) 767-0870 or Fort Gordon: Mr. Moore at (706) 791-5456.

NAME OF THE STUDENT I WISH TO MENTOR: _____

STUDENT DOB: _____

Cleared: Y / N: _____

MENTOR APPLICATION FORM

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

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, PLEASE STATE 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 PAST 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 CADET? _____

PLEASE EXPLAIN HOW YOU CAME TO KNOW THE CADET 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 TO MY APPLICATOIN INFORMATION TO THE YOUTH CHALLENGE ACADEMY.

APPLICANTS 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 corps- member, and that I must exercise care in supervising my corpsmember 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 corpsmember, 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 _____.

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's 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 the 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 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 _____

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 the 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 the TABE test fees.
 - You are responsible for providing the required list of items on the packing list issued at orientation.
 - You are responsible for graduation fees (usually \$50).

3. **What class will my child be able to enter?**
 - Applications are accepted and processed for the next available class.
 - Classes are scheduled as follows: **2nd week of January, 3rd week of March, 2nd week of July, and 3rd week of September.**

4. **When is the application due to be considered for the next available class?**
 - **January class deadline is November 1st**
 - **March class deadline is February 1st**
 - **July class deadline is May 1st**
 - **September class deadline is July 1st**

5. **When will I know if my child is accepted?**
 - You are **notified by mail** of that decision.

6. **How long does the program last?**
 - The applicant is a **resident for 22 weeks**.
 - The applicant is **tracked by the mentor for 12 months after graduation**.

7. **Can my child be forced to attend?**
 - **NO! The Youth Challenge Academy takes only applicants who volunteer for the program!**

8. **What diplomas will my child receive?**
 - If your child completes **all 8 component of the program** he/she will receive the **Youth Challenge Academy Diplomas**. Also, your child will receive the GED Diploma for successfully completing all 5 parts of the **General Educational Development (GED) Test**.

9. **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.**
 - Additional certificate classes are offered by Turner Job Corp.

10. What is a TABE test, and where does my child get one?

- A TABE test is a measurement of reading and math skills given in grade levels.
- Contact the admissions office for information on test administer in your local area.
- Some testers send us the test to score and some grade the test and give you the scores.
- In either case, **the TABE scores are necessary to make the application complete!**

11. Does my child have to be withdrawn from school to apply?

- If your child is enrolled in school, it is not recommended you withdraw him or her until your child starts Youth Challenge Academy.

12. 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.

13. 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 will have verification of the number. Only this verification is accepted as proof of your child's number.

14. Where do I find a mentor prospect?

- You and your child choose this person, and the person you choose completes the enclosed mentor application.
- The **state requires** your child provide one in order to be eligible.
- Mentor requirements are listed on the 1st page of the mentor application

15. After completing the application, may I fax it?

- **NO! Original signatures are required on the application!**
- **Our address is on the front page. Completed applications should be mailed in enough time to reach us before the deadline of the next available class!!!!**

16. Do I need to send the original documents to you?

- **NO!** Regular copies can be sent.
- Copies need to be clear and legible.

17. 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.