



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY

BUILDING 80
CAMP SHELBY, MISSISSIPPI 39407-5500

Dear Parent/Guardian/Applicant

Thank you for your interest in the MS Youth Challenge Academy as a way of completing your high school requirement. I look forward in assisting you in your endeavor to become an eligible candidate for the Academy.

As the Recruiting Manager, I am here to ensure that your application experience with Challenge is exceptional while providing you a fair opportunity to be selected.

To be a successful candidate:

1. Submit attached application AND a copy of below required documents:
 - Birth Certificate
 - Social Security Card
 - Immunization Record
 - Medical Insurance or Medicaid card; both sides
2. Attend mandatory interview
 - You will be notified by mail of date, time & location of interview
3. Remain free of drugs and the legal system.

Application deadline is December 15, 2017. Late applications will be considered as space is available.

To receive a text notification of interviews reminders and important notices concerning your application status:

1. Text "**Recruit48**" to 95577

Sincerely,

A handwritten signature in blue ink, appearing to read "Rodney F. McDonald".

SFC Rodney F McDonald
Recruit, Placement, Mentor Manager
Mississippi Challenge Academy
PH: 800.507.6253

rmcdonald@msyouthchallenge.org

To receive text notifications, Text "Recruit48" to 95577



STUDENT APPLICATION

CADET CONTACT INFORMATION

Social Security Number: _____ Is applicant a US Citizen? Yes No

Applicants Name: _____
(First) (Middle) (Last) Suffix

Date of Birth: _____ (mm/dd/yyyy) Gender: Male Female Height _____ Weight _____

Ethnicity: American Indian Asian Black Hispanic White Other (explain) _____ more than one may be checked

Married: Yes No Number of Children _____ Who will keep your child/children? _____

Home Phone (____) _____ Cadets Cell Phone(____) _____ Other phone number (____) _____

Other phone number description _____ Cadets Email address _____

Cadets Mailing Address: _____

City _____ County _____ State: _____ Zip Code _____

PARENT/GUARDIAN INFORMATION

Legal Guardian(s) Only: Parent(s) Step-Parent Grand-Parent Spouse Sibling Other _____

(Fathers First/Last Name) _____ (Date of Birth) _____ (Mothers First/Last Name) _____ (Date of Birth) _____

Home Phone _____ Work Phone (father) _____ Work Phone (mother) _____

Cell Phone(father) _____ Cell Phone(mother) _____

Other phone number (____) _____ Other phone number description _____

Father's Email Address _____ Mother's Email Address _____

Mailing Address: _____

City _____ County _____ State _____ Zip Code _____

PLEASE COMPLETE ONLY IF YOU HAVE A SECOND LEGAL GUARDIAN AT A DIFFERENT ADDRESS.

Parent Step-Parent Grand-Parent Spouse Sibling Other _____

(Fathers First/Last Name) _____ (Date of Birth) _____ (Mothers First/Last Name) _____ (Date of Birth) _____

Home Phone _____ Work Phone (father) _____ Work Phone (mother) _____

Cell Phone(father) _____ Cell Phone(mother) _____

Other phone number (____) _____ Other phone number description _____

Father's Email Address _____ Mother's Email Address _____

Mailing Address: _____

City _____ County _____ State _____ Zip Code _____

RM

Applicant's Name: _____

As parent or legal guardian, I hereby grant my permission for the physical screening evaluation and I further understand this exam does not prevent injury or sudden death during the applicants' participation in the MS Youth ChalleNGe Academy.

I am aware that the applicant will be facing many physical and mental challenges on a daily basis. These challenges are an integral part of the MS ChalleNGe Academy. These challenges are designed to build self-esteem, to create a climate of accomplishment, and to encourage and develop team cohesiveness. No applicant will be successful without the support and active participation of their parents or guardians. I therefore agree and contract to support the efforts of the MS ChalleNGe Academy by supporting my applicant in his or her efforts to succeed. I will demonstrate this support by providing praise and encouragement in times of success, and reassurance and motivation during times of frustration. I am committed to the maximum extent possible, to ensure my cadet remains in the MS ChalleNGe Academy until completion of the twenty-two week residential phase and one year Post Residential phase, that follows upon graduation of this program.

I willingly and knowingly assume all liability for any and all bodily injury or property damage incurred by the participant at the MS Challenge Academy. No fraternization or relationships beyond platonic are allowed for the duration of the program.

As parent/legal guardian of the above named applicant, I have read this entire application and all its attachments. I approve of his/her participation in the MS ChalleNGe Academy. It is my choice that he/she participates, free of any compulsion or necessity to do so. He/She is in good health. On behalf of him/her, myself, and my heirs and assigns, I am signing this Application and Release; fully aware that I am releasing the MS ChalleNGe Academy, all contracted agents, employees and volunteers, from any and all liability arising out of his/her participation.

*Parent or Guardian Signature: _____ Date: _____

*Parent or Guardian Signature: _____ Date: _____

**Witness Signature: _____ Date: _____

*Both parents/guardians must sign if they are living with or have custody of the above/names applicant.

****Witness signature must be signed by an individual not related to the above legal guardian.**

I, the applicant, am freely and voluntarily choosing to participate in the MS Youth Challenge Academy. No person, court, organization or circumstance is forcing me to participate.

*Applicant Signature: _____ Date: _____

Program participants who have been expelled or released from participation by Director for behavior and/or other qualifying reasons must be off campus within twenty-four (24) hours of participation termination. Parents/legal guardians bear the responsibility to arrange for pick up from YCA campus within the above established timeframe. YCA is not responsible for an expelled or released student once parents/legal guardians have been notified of participation termination. Department of Human Services may be contacted when students are not picked up within established timeframe.

Please send in a copy of the following documents

- **Copy of Birth Certificate**
- **Copy of Social Security Card**
- **Proof of Medical Insurance (Front & Back of Card)**
- **Copy of Immunization Record**

MEDICAL HISTORY FORM

Applicant: _____

Has the **applicant** had any of the following injuries or conditions?

| Y e s | N o | Condition | When | Y e s | N o | Condition | When |
|-------------|--------|------------------------|------|-------------|--------|-------------------------------|------|
| | | Head Injury Concussion | | | | Heart Murmur | |
| | | Shoulder L/R | | | | Seizures | |
| | | Elbow L/R | | | | Kidney Disease | |
| | | Hip | | | | Irregular Pulse | |
| | | Knees L/R | | | | Single Testicle | |
| | | Chronic Shin Splints | | | | Heart Disease | |
| | | Foot L/R | | | | Liver Disease | |
| | | Pinched Nerve | | | | Hernia | |
| | | Neck Injury/Stinger | | | | High Blood Pressure | |
| | | Arm/Wrist/Hand L/R | | | | Dizzy/Fainting | |
| | | Back | | | | Organ Loss | |
| | | Thigh L/R | | | | Asthma | |
| | | Lower Leg L/R | | | | Knocked Out | |
| | | Ankle L/R | | | | Diabetes | |
| | | Severe Muscle Strain | | | | Tuberculosis | |
| | | Chest | | | | Overnight In Hospital | |
| | | Are you pregnant? | | | | Mononucleosis/Enlarged Spleen | |

List any Previous Surgeries: (Type and Dates): _____

List any Allergies (Food, Drugs)

List Name and Dosage of all medications currently taking. Include Prescription and Over-the-counter.

Please note: YCA is not a treatment facility or hospital and not an environment suitable for participants who may be mentally unstable. Participants must be physically and mentally capable to participate in the Program with reasonable accommodation for physical and other disabilities.

YOUTH CHALLENGE ACADEMY SECURITY AND EMERGENCY INFORMATION FORM

CADET INFORMATION - * PLEASE PRINT CLEARLY*****

Name: _____ Age: _____ Date of Birth: _____
 Last First Middle Month/Day/Year
 Social Security Number: _____ Race: _____ Male Female
 Mailing address: _____
 Street/P O Box Apt # City State County Zip
 Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
 Tatoo/Scar Descriptions: _____
 Who told you about Youth Challenge Academy? _____
 Name Relationship to Cadet

PARENT/LEGAL GUARDIAN INFORMATION - * PLEASE PRINT CLEARLY*****

Name of Parents/Legal Guardians: _____ Relation to Cadet: _____
 Mailing address: _____
 Street/P O Box Apt # City State County Zip
 Home Phone: _____ Work Phone: _____
 Email address: _____
 Fax Number: _____ Cell Phone: _____

OTHER CONTACT INFORMATION AND AUTHORIZED PICK-UP

PLEASE PRINT CLEARLY

Cadet information can only be given to legal guardians.
 Provide the following information in case of emergencies or as a means of helping make contact with the legal guardian.
 List any person who you grant permission to pick up above Cadet from the MS Youth Challenge Academy.

| Name | Relationship to Cadet | Email address | Contact Number |
|------|-----------------------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If more space is required use reverse of form. Date: _____

Parent/Legal Guardian Signature: _____



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Mentor Leads

Potential Mentor Information Sheet *(this is not an application)*

Cadent Applicant Name: _____

Submit the information for **two** possible mentors that will be willing to assist you in completing the 17 ½ month program. Get permission from the person before listing them. An application will be sent to the persons listed below. Potential mentors must adhere to the following requirements:

- 21 yrs. of age
- Same sex/gender
- Responsible citizen- Must be able to pass criminal background check
- Live within commuting distance of the graduate
- **Cannot** be a parent, grandparent or sibling (by marriage or blood)
- **Cannot** live in the same household

PLEASE PRINT

Primary Mentor Information

Name: _____ O Male O Female

Mailing Address: _____

City, State, Zip: _____

Email: _____

Cell: _____ Home: _____

Work: _____ Date of Birth _____

PLEASE PRINT

Secondary Mentor Information

Name: _____ O Male O Female

Mailing Address: _____

City, State, Zip: _____

Email: _____

Cell: _____ Home: _____

Work: _____ Date of Birth _____

RECOMMENDATION FOR STUDENT TO ATTEND
MISSISSIPPI NATIONAL GUARD YOUTH CHALLENGE ACADEMY

(To be completed by a School Official)

The Mississippi National Guard Youth Challenge Academy Located at Camp Shelby, MS, is a program for young men and women ages 16 through 18 who are at-risk of dropping out of school or for those who have dropped out or but wish to take advantage of a second opportunity to make major changes in their lives. The program consists of a 22-week residential phase that develops position leadership, self-discipline, and responsibility while working to improve their grade level scores.

The Mississippi National Guard Youth Challenge Academy prepares character and fitness reports on all applicants who are seeking admission to the program. Your comments regarding the applicant's background would be appreciated as well as your response to the following questions:

1. Student's Name: _____ DOB: _____
2. Student's present grade?
 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade Other
3. Has the student been suspended/expelled for any of the following? (Check all that apply)
 Drinking/Smoking/Drugs Fighting Possession of firearm/weapon
 Disrespecting Teacher Other: _____
4. Is student any of the following? (Check all that apply)
 Honors program SPED At risk of failing current year
5. Do you recommend the applicant be accepted to the Mississippi National Guard Youth Challenge Academy?
 Yes No

Print Name (person giving reference)

Signature

Date

Title/Occupation

Name of School

Telephone Number

Email Address

(Please retain a copy for your record)

Revised July 2016