



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY

Halloran Ave, Bldg. 80
Camp Shelby, MS. 39407

Dear Applicant:

We appreciate your interest in our Academy as an opportunity to earn your High School Diploma. Your second chance is now available.

We are here to ensure that your application experience with ChalleNGe is simple and will provide you the opportunity to become a successful applicant.

A successful applicant must:

1. Submit application with below attachments;
Birth Certificate
Social Security Card
Immunization Record
Medical Insurance or Medicaid card; (both sides)
2. Attend interview; (mandatory)
You will be notified by mail of date, time & location
3. Remain free of drugs and the legal system.

Applications received after July 1, 2018 will be considered as space is available.

To receive text notification of interview dates and other important notices:

1. Text "**Recruit49**" to 95577

Further questions should be directed to James Smith or Alec Vandersteenen at 800-507-6253

Sincerely,

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

Rodney F McDonald, SFC
Recruit, Placement, Mentor Manager
Mississippi ChalleNGe Academy
rmcdonald@msyouthchallenge.org

To receive text notifications, Text "Recruit49" to 95577



To: 95577

You have signed up to receive important notifications regarding your application status and interview schedules.

Recruit49

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: _____

Tattoo/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: _____

This application version supersedes all previous versions. Please destroy earlier versions. Local reproduction authorized.

Revised February 2016



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY

BUILDING 80
CAMP SHELBY, MISSISSIPPI 39407-5500

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