



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

Application Form

admissions@hingyca.org

(808) 673-7538 FAX

SUBMIT BOTH TO ADMISSION OFFICE

CLASS ENTERING	SSN#: ATTACH COPY	LEGAL NAME: FAMILY/LAST	FIRST/GIVEN	FULL MIDDLE	OTHER
<input type="checkbox"/> JAN 20__					
<input type="checkbox"/> JUL 20__	___/___/___				

CURRENT MAILING ADDRESS - NUMBER STREET	CITY	STATE	ZIP CODE	UNTIL	PHONE/EMAIL
					1
					2
PERMANENT MAILING ADDRESS - NUMBER STREET	CITY	STATE	ZIP CODE		
					3
					4

GENDER	BIRTHDATE	AGE	ETHNICITY	U.S. CITIZEN?	ATTACH COPY OF GREEN CARD
<input type="checkbox"/> FEMALE	MOS / DAY / YEAR			<input type="checkbox"/> YES	<input type="checkbox"/> STUDENT VISA
<input type="checkbox"/> MALE	___/___/___			<input type="checkbox"/> NO	<input type="checkbox"/> PERMANENT RESIDENT
Parent/Guardian	Relationship	Parent/Guardian	Relationship		

ACADEMIC DECLARATION [Submit current High School Transcript]

LIST EVERY SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY

MOST RECENT SCHOOL (DO NOT USE ABBREVIATIONS)	CITY/STATE/COUNTRY	ATTENDED/ATTENDING		CREDITS EARNED	SPECIAL SERVICES	4140
		FROM M/Y	TO M/Y			

READING LEVEL	WRITING LEVEL	MATHEMATICAL LEVEL	EDUCATIONAL GOALS?

PERSONAL STATEMENT [300 WORDS]: WHY ARE YOU COMING TO YOUTH CHALLENGE? YOUR 2-5 YEAR PLAN?

IF YOU HAVE PREVIOUSLY APPLIED FOR ADMISSION TO THE ACADEMY, INDICATE WHAT CLASS, MONTH, YEAR, AND DECISION.

APPLICANT'S CERTIFICATION

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measure as provided under the Hawaii National Guard Youth CHalleNGe Academy Cadet Code of Conduct. I agree to produce certified documents relative to the determination of my residency status upon request and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the Academy's rules and regulations governing the determination of residency for admission and tuition purposes. Further, I understand that the Academy shares a common database and information pertaining to me may be accessed by all authorized Academy Personnel.

Date: _____

Signature: _____

CONTINUE ON REVERSE SIDE

FOR OFFICE USE ONLY

DMARS ID _____	ACADEMIC TEST RESULTS TABE 9/10 GRADE LEVEL _____	Reviewing Officer _____
----------------	--	-------------------------

RESIDENCY DECLARATION [Submit Current Tax Return Summary]

- I claim legal residency in _____ (specify which state or country) from ___/___/___ to ___/___/___ on the basis of:
- Myself (I am 19 years old) Parent (I am under 18 and not married)
- Legal guardian (Submit copy of court order appointment) Myself and parent
- I was born in the United State of America. I was not born in the United States of America.
- *Attach Copy of Birth Certificate *Attach Birth Certificate and Resident Alien Documentation.
- I am not claimed as a dependent on my parents/legal guardian's personal income tax form for 2008.
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for 2008 and my parents/legal guardians are legal Hawaii residents.
- I am claimed as a dependent on my parents'/legal guardian's personal income tax form for 2008 and my parents/legal guardians are not legal Hawaii residents.

LEGAL DECLARATION [Submit Abstract/Letter of Clearance]

- Have you ever been arrested? If Yes, When? _____ For What? _____ Result? _____
- I am on Probation for Juvenile Status. Probation Officer: _____ Contact: _____
- I have pending cases against me. My court date is set for: _____ Charge: _____
- I have pending activities, i.e., Community Service, that I must complete by _____.

ALCOHOL AND DRUG FREE DECLARATION [Submit Academy Drug Test]

- I understand that the Academy is a Alcohol / Drug Free Environment with a Zero Tolerance Policy against Drug Usage.
- I understand that I may be denied and or dismissed from the Academy immediately if my Drug Test is positive.
- I understand that I have to be Drug Free in order to be considered as an Applicant to the Academy.
- I understand that I will submit myself to the Random Drug Tests administered by the Academy at various stages of training.

MEDICAL DECLARATION [Submit Medical Physical within 12 months]

- I understand that the training at the Academy is physically, emotionally, and mentally challenging.
- I understand that any medical information requested is for the sole purpose of my safety and welfare during training.
- I understand that I must submit a current Medical Physical conducted by an authorized AMA Board Certified Physician.
- I understand that I must submit any type/form of clearance for any injury identified as occurring within a year of applying.
- I understand that I must submit all documentations of and medications to the Academy Medical Officer for dispensing.

MENTOR PROSPECT

I understand that a Mentor is a Person of Positive Influence in my life.

I understand that a Mentor must be Drug Free.

I understand that a Mentor is to be 23 years of age or older and of the SAME GENDER as I am.

I understand that a Mentor is not an IMMEDIATE FAMILY MEMBER (including In-Laws and Grandparents).

I understand that a Mentor CANNOT be living in the same household as I am.

I understand that a Mentor must attend a Mentor Training Workshop.

I understand that a Mentor must clear a Legal Background Check for my safety.

I understand that a Mentor must SUBMIT 2 FAVORABLE CHARACTER REFERENCES.

I understand that I must submit a full Mentor Application, with 2 Character References, to complete my Application.

Mentor Prospect 1:

NAME _____ GENDER _____ DOB: _____ MARITAL STATUS: _____
 RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

Mentor Prospect 2:

NAME _____ GENDER _____ DOB: _____ MARITAL STATUS: _____
 RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

MANDATORY DOCUMENTATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Issued ID - Copy | <input type="checkbox"/> Medical Physical-Student Health Record -1 year | <input type="checkbox"/> 2008 Fed Tax Summary |
| <input type="checkbox"/> Birth Certificate - Copy | <input type="checkbox"/> Medical Insurance Card - Copy | <input type="checkbox"/> Legal Clearance |
| <input type="checkbox"/> Social Security Card - Copy | <input type="checkbox"/> Vaccination / Shots / TB within 1 year | <input type="checkbox"/> Legal Guardianship |
| <input type="checkbox"/> Academic Transcripts - Copy | <input type="checkbox"/> Dental Health Clearance 1 year | <input type="checkbox"/> Mentor Application |

FOR OFFICE USE ONLY

DMARS ID _____ RATING OFFICERS _____
 RPM 1 _____ MENTOR _____ BOARD _____ AD DIR _____