

# New Jersey Youth Challenge Academy

Recruitment/Placement/Mentoring Department (RPM)

Phone: 609-562-0577 - Fax: 609-562-0782

## Cadet Application Form

1. Name: PRINT - (Last) (First) (Middle): \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required)

3. Date of Birth: (Month / Day / Year): \_\_\_\_\_

4. Sex: (Check one) Male \_\_\_\_\_ Female \_\_\_\_\_

5. Race: (Please check one. Used for statistical purposes only.)

\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic

\_\_\_\_\_ Black, not of Hispanic Origin \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ White, not of Hispanic Origin \_\_\_\_\_ other \_\_\_\_\_

6. Telephone Numbers: (Home) (Work) (Cell):

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. Applicant E-mail: \_\_\_\_\_

8. Home Address: (Street Mailing Address) (Apartment / Floor Number) (City) (State) (Zip) (County):

Street: \_\_\_\_\_ Apt. /Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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9. \_\_\_\_\_ Parent or \_\_\_\_\_ Guardian\* with whom you live: \* If Guardian, proof of legal guardianship must be provided at time of application to verify eligibility and residency status.

Name: \_\_\_\_\_ Phone: (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_,

(Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, (Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: (Street mailing address) \_\_\_\_\_ (Apt/Floor) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Parent E-mail \_\_\_\_\_

10. Please circle YES or NO in response to the following questions:

a. Are you a resident of New Jersey? YES NO

b. Are you a United States citizen? YES NO

c. If not a U.S. citizen, do you have legal resident status? YES NO

(If you are not a citizen but are a legal resident, you must provide written proof.)

11. Last School attended: (School name) (Address) (City) (State) (Zip): \_\_\_\_\_

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12. Did you have an Individual Educational Plan (IEP) on file at the last school you attended?

(Circle one) YES NO

13. Please list any school or extracurricular activities in which you have been involved. (i.e.: sports, community service, religious groups, awards, honors, etc.)

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been arrested? (Circle one) YES NO

Placed on probation/parole/deferred disposition? (Circle one) YES NO

*(If yes, you MUST provide dates, explain ALL offenses, AND provide the name and phone number of your probation/parole officer, if one has been Appointed.)*

\_\_\_\_\_

15. Do you have any pending court dates? (Circle one) YES NO

If yes, when and where? \_\_\_\_\_

\_\_\_\_\_

16. Have you attended any other residential or treatment program? (Circle one) YES NO

If yes, what programs? \_\_\_\_\_

17. Do you smoke tobacco or use tobacco products? (Circle one) YES NO

\*Note: The New Jersey Youth Challenge Academy is a non-smoking facility.

18. As an applicant of the New Jersey Youth Challenge Academy, I understand that initial and ongoing drug testing will occur throughout my enrollment. I understand that a positive drug test will result in immediate discharge.

(Applicant Initial Here): \_\_\_\_\_

19. Are you currently taking medications? (Circle one) YES NO

If yes, list and explain: \_\_\_\_\_

\_\_\_\_\_

20. Have you had any recent medical problems? (Circle one) YES NO

If yes, list and explain: \_\_\_\_\_

\_\_\_\_\_

21. Tell us why you would like to be accepted into the New Jersey Youth Challenge Academy.

\_\_\_\_\_

\_\_\_\_\_

22. How did you hear about the New Jersey Youth Challenge Academy?

\_\_\_\_\_

23. What will you gain by attending this Academy?

\_\_\_\_\_

- I fully understand that the New Jersey Youth Challenge Academy is a residential Academy that includes GED instruction, military training and employment preparation.
- At this time, I am in good health and capable of meeting the rigorous physical training schedule I will experience at the New Jersey Youth Challenge Academy.
- I am drug free and I do not have an active alcohol and/or drug abuse problem.
- I am not under the jurisdiction or supervision of a juvenile or circuit court nor are there any actions pending against me in a general district court except as noted in questions 14 & 15 above.
- To the best of my knowledge, all statements made in this application are accurate and truthful.
- I further understand that the information I have given in the first 2 pages of this application is subject to verification and that I may be disqualified from the Academy if it is determined that the information I have provided is untrue.
- By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further understand that New Jersey Youth Challenge Academy personnel shall determine who has such a need for this information.

(Applicant's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

\*Required if applicant is less than 18 years of age.

## Application Process

1. Qualifications:
  - a. The applicant must be a US citizen or legal resident of the United States.
  - b. The applicant must live in New Jersey with a parent or legal guardian. Legal guardian **MUST** provide court documentation stating this upon submission of this application.
  - c. The applicant must be between 16-18 years old.
  - d. The applicant must be **FREE** from any legal involvement. This includes but is not limited to: court dates, probation, community service and deferred disposition.
    - (1) Proof of completed legal involvement **MUST** be provided at the time the application is submitted.
  - e. The applicant must be drug, tobacco and alcohol free.
  - f. The applicant understands that attending the NJ Youth Challenge Academy is voluntary. If they do not wish to be here, they **WILL NOT** be accepted.
2. The applicant/legal guardian understands that by submitting this application, the applicant has **NOT BEEN ACCEPTED**. The applicant is required to schedule a testing date to take the entrance exam and after passing the test with an 8<sup>th</sup> grade level in both reading and math, schedule an interview date. Once the test AND interview have been successfully completed, the applicant will receive an acceptance/denied letter with further instructions.
3. The applicant **SHOULD NOT** withdraw from nor cease to attend High School even if they have received a conditional acceptance letter until just before the Challenge class start date.

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(Parent/Legal Guardian Signature) (Date) (Applicant Signature) (Date)

### All application materials should be returned to:

*New Jersey Youth Challenge Academy  
 ATTN: RPM Department  
 BLDG. #5910, West 16<sup>th</sup> Street  
 Fort Dix, New Jersey 08640*

**FAX: (609) 562 - 0782**