

Arkansas National Guard Youth ChalleNGe Program



Cadet Application

The Arkansas National Guard Youth ChalleNGe Program offers at-risk youth an opportunity to change their future in many ways while offering the opportunity to continue their education. The Youth ChalleNGe Program enrolls in January & July and has two phases:

- **5 ½ -month residential phase** – Participants live in a military-like environment, which encourages teamwork and personal growth. The curriculum combines classroom work, community service, physical training, and challenging individual and team activities into one unique experience. Personal needs such as meals, bedding, and uniforms are provided to the participants. Participants must remain on site unless participating in an authorized activity.
- **12-month post-residential phase** – After the 5 ½ -month residential phase, graduates return to their home communities. During this time they will work toward achieving their career or educational goals under the guidance of a Volunteer Mentor (of your choosing) and a Career Placement Specialist from the Youth ChalleNGe Program. The mentoring relationship is key to helping the graduate continue with the positive changes that occur during residency.

<u>Eligibility requirements</u>	<u>Instructions to Apply to YCP</u>
<ol style="list-style-type: none">1) Applicant must be between the ages of 16 and 18 years old2) Cannot be court ordered or sentenced3) US Citizen or legal resident, Arkansas resident4) YCP is a drug free program5) No felony convictions	<ol style="list-style-type: none">1) Complete cadet & mentor applications2) Every applicant MUST attend an interview. You may access the interview schedule on the website at www.aryouthchallenge.org or you may call 1-800-814-8453. You <u>MUST</u> bring completed applications, birth certificate, shot records, ssn card, and insurance card.3) Once conditionally accepted by the Director, get a Sports Physical exam for full acceptance.

Check out our Facebook at: **AR YC** or **Arkansas Youth Challenge**

www.aryouthchallenge.org

"WE SUPPORT SECOND CHANCES"

Please complete in **BLUE** or **BLACK** ink!



Arkansas National Guard Youth Challenge Program
 Bldg. 16414, Box 41, Camp J.T. Robinson | North Little Rock, AR
 DO NOT MAIL THIS APPLICATION

Applicant Information

Social Security Number		Have you ever applied to Youth Challenge before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Date of Birth	Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian			
Home Phone		County	
Mailing Address			
City		State	Zip Code
Check all that apply: <input type="checkbox"/> US Citizen or Legal Resident <input type="checkbox"/> Has Driver's License <input type="checkbox"/> Married <input type="checkbox"/> Children			

Legal Guardian Only

Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Initial
Home Phone		Work Phone	
Cell Phone		Alternate Phone	
Email Address			
Mailing Address			
City		State	Zip Code
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pickup <input type="checkbox"/> Send Mail			

Please complete the following only if you have a second legal guardian

Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Initial
Home Phone		Work Phone	
Cell Phone		Alternate Phone	
Mailing Address			
City		State	Zip Code
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pickup <input type="checkbox"/> Send Mail			

Alternate Emergency Contact

Name	Relationship to cadet	Phone #:
		Cell #:



Referral Information: How did you hear about our program?

- Another Applicant
- Billboard
- Family Member/ Friend
- Youth Challenge Staff
- Legal System/ Probation Officer
- School Staff
- Online
- TV
- Radio
- Other:

Education Information

Have you received your GED or High School Diploma? YES NO

NAME OF SCHOOL CURRENTLY ENROLLED/ LAST ATTENDED:

Last grade completed: _____

Check All That Apply:

- Traditional High School
- Drop Out
- Expelled
- Home Schooled
- Alternative High School
- Habitual Truant
- 1 Year behind in credits
- 2 Years Behind in Basic Skills
- Adjudicated Delinquent

Month and Year Left (If no longer enrolled): Month _____ Year _____

Appearance Information

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Clothing Sizes (For YCP Uniform supply usage)

Shirt: XS S M L XL 2XL 3XL 4XL 5XL

Pants: XS S M L XL 2XL 3XL 4XL 5XL

Shoes: _____