



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD

YOUTH CHALLENGE ACADEMY
BUILDING 80 HALLORAN AVE
CAMP SHELBY, MISSISSIPPI 39407-5500



Dear Applicant:

We appreciate your interest in our Academy as an opportunity to earn your High School Diploma. Your second chance is now available. Class 59 is schedule to begin on July 15, 2023

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, 2023 will be considered as space is available.

Point of contact for this information is Mr. James Smith or Mr. Alex Vandersteenen at (601) 558-2300.

Sincerely,

Recruit, Placement, Mentor Manager
Mississippi Challenge Academy
rmcdonald@msyouthchallenge.org
Fax: 601-558-2109

MISSISSIPPI YOUTH CHALLENGE STUDENT APPLICATION

PLEASE PRINT

Applicant's Information:

Social Security Number: _____ Is applicant a U.S. Citizen ___ Yes ___ No

Applicant's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Gender: ___ M ___ F Height _____ Weight _____

Ethnicity: ___ American Indian, ___ Asian, ___ Black, ___ White, ___ Other (Explain) _____

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

Home Phone (____) _____, Cell phone: (____) _____, Other phone: (____) _____

Email: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Parent/Guardian Information to include DHS: Legal Guardian(s) only

___ Parent(s), ___ Step-Parent, ___ Grand-Parent, ___ Sibling, ___ Case Worker (DHS) ___ Other

Name: _____, _____
Mother Father

Home Phone (____) _____, Work phone: (____) _____

Mother Cell phone: (____) _____, Father Cell phone (____) _____

Mother's Email: _____ Father Email: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Complete only if you have a second legal guardian to include DHS

___ Parent(s), ___ Step-Parent, ___ Grand-Parent, ___ Sibling, ___ Case Worker (DHS), ___ Other

Name: _____

Home Phone: (____) _____, Work phone: (____) _____
First Last

Cell phone: (____) _____

Email: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Applicant's Name: _____

PARENTAL ACKNOWLEDGMENT & CONSENT

I the legal parent/guardian, is 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 guardian. 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 child 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.

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 applicant's participation in the MS Youth ChalleNGe Academy.

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.

We the parent(s)/Guardian do consent to his/her participation in the Mississippi National Guard Youth ChalleNGe Academy to be conducted at Camp Shelby, Mississippi. The opportunity to participate in the YCA is by invitation and is purely voluntary on our behalf.

I/We authorize the participant to visit with the Mentor during the residential portion of the program. This includes all activities involving the mentor. I also give permissions for the Mississippi Youth ChalleNGe Academy staff to discuss behavior issues with mentors upon successfully passing the required criminal background check.

I/We further agree that, if necessary, due to medical, disciplinary, or other reasons, the Director or Deputy may elect to return him/her to their home of record address by commercial or private carrier, for which I/we may be responsible for payment.

I/we consent to the applicant being photographed and/or videotaped while in residence at the Academy and to have such photographs and/or video posted on the official Mississippi ChalleNGe Academy website, for official, non-commercial purposes only.

I/we consent to the above-named applicant being transported as a passenger in certain National Guard and/or air vehicles while in residence at the Academy. Whereas my/our son/daughter/ward will accept such transportation entirely upon his/her own initiative, risk and responsibility, now I/we therefore in consideration of the permission extended to the above named applicant by the United States and the State of Mississippi through their officers and agents for myself/ourselves, our heirs, released and forever discharge the Government of the United States and the Government of the State of Mississippi and employees acting officially, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to the above named applicant or personal property which may occur from any cause during said transportation, as well as all ground operations incident thereto.

Continue: Acknowledgement & Consent

I/we understand that I/we are responsible for the above named applicant's medical care and any incurred medical cost, DO HEREBY consent in advance to whatever emergency, X-Ray examinations, anesthesia, diagnostic procedure, medical and/or surgical treatment is considered necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named applicant during his/her attendance at the MS National Guard Youth Challenge Academy to be conducted at the MS Youth Challenge Academy. In the event of any major illness or injury, reasonable efforts will be made to immediately notify me/us. Further consent is granted for psychological/educational assessments and evaluations and the completion of questionnaires and interviews.

Eligible applicants must meet the requirement listed below:

- 16-18 years of age at time of entry into the program.
- A school dropout from secondary school
- A citizen or legal resident of the United States
- Unemployed or under-employed
- Not currently on parole or probation for other than Juvenile status offenses, not awaiting sentencing, and not under indictment, accused, or convicted of a felony
- Free from use of illegal drugs or substances
- Possess Medical/Medicaid Insurance
- Physically and mentally capable to participate in the program in which enrolled with reasonable accommodation for physical and other disabilities

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. I also certify to the best of my knowledge, the applicant meet the eligibility criteria required to attend the MS Youth Challenge Academy.

❖ Parent or Guardian Signature: _____ Date: _____

❖ Parent or Guardian Signature: _____ Date: _____

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

❖ Witness Signature: _____ Date: _____

❖ **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: _____

NOTE: 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 participant's termination.

Parents/legal guardians bear the responsibility to arrange for pick up from YCA campus within the above established timeframe. Department of Human Services may be contacted when students are not picked up within established timeframe.

Insurance Information Needed: Cadet (Patient)

Cadet's Name: _____

Date of Birth: _____ Cadet SS#: _____

To allow Health Care Providers to file any insurance or Medical claims, **THIS SECTION MUST BE COMPLETED** even if you have attached a copy of the insurance card.

Does the applicant possess medical insurance to include Medicaid? ___Yes ___No

If **YES**, provide the following information and a copy of front and back of card.

If **NO**, applicant must obtain insurance prior to enrollment date to be eligible for program.

Insured Name : _____ Insured Date of Birth: _____

Insured SS#: _____

Relationship: (Circle One) Self Spouse Child

Name of Insurance: _____

ID #: _____ Group #: _____

Claims Address: _____

Telephone #: 1-800- _____

Please note: YCA is not a psychiatric, therapeutic program and is not appropriate for applicants who have received mental illness diagnoses where they may present a danger to themselves or others; when their situation is incompatible with a high stress, high-tempo schedule; or if they require off-campus treatment that would deprive them of full program participation. Participants must be physically and mentally capable to participate in the Program.

If the applicant is prescribed medication for conditions such as asthma, heart, depression or other mental health issues, a medical clearance form must be provided by the physician prescribing the medication.

The medical clearance must state that the applicant's condition is stable and he/she is physically and/or mentally fit to participate in a challenging, high-tempo, residential program.

Medical History Form

Applicant: _____

Has the applicant had any of the following Injuries?

Yes	No	Condition	When	Yes	No	Condition	When
		Head Injury				Heart Murmur	
		Shoulder L/R				Seizures	
		Elbow				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 prescriptions 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.

SECURITY AND EMERGENCY INFORMATION

APPLICANT'S INFORMATION ***PLEASE PRINT CLEARLY***

Name: _____ Age: _____ Date of Birth: _____

Social Security Number: _____ Race: _____ Male Female

Mailing address: _____

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

Tattoo/scar Description _____

How did you learn about the Youth Challenge Academy? _____

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

Name of Parent/Legal Guardian: _____ Relationship to cadet: _____

Mailing address: _____

Cell/home Phone: _____ Work Phone: _____

Email Address: _____

OTHER CONTACT INFORMATION AND AUTHORIZED PICK-UP

PLEASE PRINT CLEARLY

Cadet information can only be given to legal guardian.

Provide the following information in case of emergencies or as a means of helping contact the legal guardian.

List any person who you grant permission to pick up above Cadet from the MS Youth Challenge Academy.

Name	Relationship to Applicant	Email	Contact Number

Parent/guardian's Signature

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

Student/Applicant's Name: _____

Each Candidate must have a mentor upon enrollment. Please submit below information for two mentors who will be willing to assist your applicant in completing the program. Please get permission from the mentors before listing them. Applications will be sent to the persons listed below. Please advise the mentors to return the applications immediately so that they can be processed before the cycle begin.

Potential mentors must adhere to the following eligibility requirements:

- Be same gender as applicant
- Be at least 21 years of age
- If possible, live within commuting distance of the applicant
- Be able to pass a 5-year criminal background check
- Be willing to commit to the applicant for the full 17 ½ month program

Mentors cannot be persons closely related (parent/step-parent, sibling or in-laws) but can be an aunt, uncle, grandparent or cousin.

Mentor's Job Description – The mentor is expected to contact the mentee beginning week 3 of the residential phase through letters and emails. After graduation, the mentor is required to meet with and/or contact the Mentee at a minimum, once per month. The mentor will assist the mentee with setting post-graduation goals and discuss the mentee's progress with the mentee and authorized MS Youth Challenge employees by submitting a monthly report to the Academy for one year after graduation.

Primary Mentor

Please Print

Name: _____ Male Female

Mailing Address: _____

City, State, Zip: _____

Email: _____

Cell: _____ Home: _____

Work: _____ Date of Birth: _____

Alternate Mentor

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Cell: _____ Home: _____

Work: _____ Date of Birth: _____