

New Jersey Youth ChalleNGe Academy
Recruitment/Placement/Mentoring Department (RPM)
Phone: 609-556-6080 - Fax: 609-556-6101

NJYCA Cadet Pre-Application Form

Application Process

1. Qualifications:
 - a. The applicant must be a US citizen or legal resident of the United States.
 - b. 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 not be parole, probation, or deferred disposition for other than juvenile offenses
 - e. Proof of completed legal involvement **MUST** be provided at the time the application is submitted.
 - f. The applicant must have health insurance.
 - g. The applicant must be unemployed or underemployed.
2. The applicant/legal guardian understands that by submitting this application, the applicant has **NOT BEEN ACCEPTED**. The applicant is required to schedule an orientation and interview date. Once the orientation AND interview have been successfully completed, the applicant will receive 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.

PART 1 – APPLICANT INFORMATION		
1. APPLICANT'S NAME (<i>Last, First, Middle</i>):	2. DATE OF BIRTH (<i>Month/Day/Year</i>):	3. AGE:
4. SEX (<i>Check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female	5. RACE (<i>Check one; Used for statistical purposes only</i>): <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Indian or Alaskan Native <input type="checkbox"/> Other	
6. IF OTHER, LIST:	7. HOME TELEPHONE NUMBER:	
8. MOBILE TELEPHONE NUMBER:	9. EMAIL ADDRESS:	
10. STREET ADDRESS (<i>Include Apt./Floor</i>):	11. CITY:	
12. STATE:	13. ZIP CODE:	14. COUNTY:
15. LAST SCHOOL ATTENDED (School Name, Address, City, State, Zip Code):		16. DID YOU HAVE AN INDIVIDUAL EDUCATIONAL PLAN (IEP) ON FILE THERE: <input type="checkbox"/> Yes <input type="checkbox"/> No
17. HOW DID YOU HEAR ABOUT THE NEW JERSEY YOUTH CHALLENGE ACADEMY:		
PART 2 – PARENT/GUARDIAN INFORMATION		
18. YOU LIVE WITH A: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	19. IF DIVORCED, DOES THE PARENT YOU LIVE WITH HAVE SOLE CUSTODY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. NAME (<i>Last, First, Middle</i>):	21. HOME TELEPHONE NUMBER:	
22. WORK TELEPHONE NUMBER:	23. MOBILE TELEPHONE NUMBER:	
24. EMAIL ADDRESS:	25. STREET ADDRESS (<i>Include Apt./Floor</i>):	
26. CITY:	27. STATE:	28. ZIP CODE:

PART 3 – APPLICANT QUESTIONNAIRE	
29. ARE YOU A RESIDENT OF NEW JERSEY: <input type="checkbox"/> Yes <input type="checkbox"/> No	30. IF NO, WHICH STATE:
31. ARE YOU A UNITED STATES CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	32. IF NOT A U.S. CITIZEN, DO YOU HAVE LEGAL RESIDENT STATUS (Must provide written proof): <input type="checkbox"/> Yes <input type="checkbox"/> No
33. HAVE YOU EVER BEEN ARRESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	34. PLACED ON PROBATION / DEFERRED DISPOSITION: <input type="checkbox"/> Yes <input type="checkbox"/> No
35. IF YES, PROVIDE DATES AND EXPLAIN ALL OFFENSES (All legal issues must be cleared prior to the class start date):	
36. DO YOU HAVE ANY PENDING COURT DATES: <input type="checkbox"/> Yes <input type="checkbox"/> No	37. IF YES, WHEN AND WHERE:
38. HAVE YOU ATTENDED ANY OTHER RESIDENTIAL OR TREATMENT PROGRAM: <input type="checkbox"/> Yes <input type="checkbox"/> No	39. IF YES, WHAT PROGRAMS
40. I UNDERSTAND THAT INITIAL AND ONGOING DRUG TESTING WILL OCCUR THROUGHOUT MY ENROLLMENT AND THAT A POSITIVE DRUG TEST WILL RESULT IN IMMEDIATE DISCHARGE (Applicant Initial Here):	
41. TELL US WHY YOU WOULD LIKE TO BE ACCEPTED INTO THE NEW JERSEY YOUTH CHALLENGE ACADEMY:	
42. HAVE YOU EVER BEEN A CANDIDATE OR CADET IN ANY YOUTH CHALLENGE PROGRAM: <input type="checkbox"/> Yes <input type="checkbox"/> No	43. IF YES, WHEN AND WHERE:

READ THE FOLLOWING CAREFULLY

- 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 35 & 36 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.

Please type your first and last name:

(Applicant Electronic Signature) _____ (Date) _____

(Parent/Guardian Electronic Signature) _____ (Date) _____

Note: Parent/Guardian signature required regardless of age of applicant.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

SUBMISSION INSTRUCTIONS

Once you've fully filled out the above pre-application form, use one of the below methods to send it to the Recruiting and Placement team.

Email

Save the completed application to your computer. Then attach the application to an email and send to:
rpm@dmava.nj.gov

Fax

Print and fax to: **609-556-6101**

Mail

Print and mail to: New Jersey Youth ChalleNGe Academy
ATTN: RPM Department
5910 West 16th Street
Joint Base MDL, NJ 08640