

New Jersey Youth ChalleNGe Academy
Recruitment/Placement/Mentoring Department (RPM)
Phone: 800-997-5587

NJYCA PRE-APPLICATION

Pre-Application Notes

1. Please review eligibility requirements on the NJYCA website at njyca.org/admissions.
2. The applicant/parent/legal guardian understands that by submitting this pre-application, the applicant has **NOT BEEN ACCEPTED**.
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 I – APPLICANT INFORMATION

1. APPLICANT'S NAME (<i>Last, First, Middle</i>):		2. DATE OF BIRTH (<i>Month/Day/Year</i>):	3. AGE:
4. GENDER (<i>Check one</i>): Male Female		5. RACE (<i>Check all that apply; Used for statistical purposes only</i>): Asian or Pacific Islander Hispanic Black, not of Hispanic Origin White, not of Hispanic Origin Indian or Alaskan Native Other	
6. IF OTHER RACE, 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: Yes No	
17. HOW DID YOU HEAR ABOUT THE NEW JERSEY YOUTH CHALLENGE ACADEMY:			

PART II – PARENT/GUARDIAN INFORMATION

18. YOU LIVE WITH A: Parent Guardian		19. IF DIVORCED, DOES THE PARENT YOU LIVE WITH HAVE SOLE CUSTODY: Yes No Does Not Apply	
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 III – APPLICANT QUESTIONNAIRE

29. ARE YOU A RESIDENT OF NEW JERSEY: Yes 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 <i>(Must provide written proof)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
33. HAVE YOU EVER BEEN ARRESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	34. HAVE YOU EVER BEEN PLACED ON PROBATION / DEFERRED DISPOSITION: <input type="checkbox"/> Yes <input type="checkbox"/> No
35. IF YES TO 33 AND/OR 34, PROVIDE DATES AND EXPLAIN ALL OFFENSES <i>(All legal issues must be cleared prior to the class start date)</i> :	
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:

PART IV - STATEMENT OF UNDERSTANDING

- 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 pre-application are accurate and truthful.
- I further understand that the information I have given in the first two pages of this pre-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 pre-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.

PART V - SIGNATURES *(Type first and last name)*

Applicant Electronic Signature: _____ Date: _____

Parent/Guardian Electronic Signature: _____ Date: _____

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

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

SUBMISSION INSTRUCTIONS

Once you have fully filled out the above pre-application form, use one of the methods below 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: 732-974-6552

Mail

Print and mail to: New Jersey Youth Challenge Academy
ATTN: RPM Department
PO Box 256
Sea Girt, NJ 08750