New Jersey Youth ChalleNGe Academy
100 Camp Drive, Sea Girt, NJ 08750
Phone: (732) 974 -6500

Applicant Interest Form

Please review eligibility and admissions information located on **njyca.gov/admissions/** prior to completing and submitting this form. Additionally, this form can be completed and submitted digitally at **njyca.gov/applicant-interest-form**.

Completing and submitting this form only notifies the Academy of your interest. Applicants submitting this form do **NOT HAVE A RESERVED CLASS SLOT** and are **NOT ACCEPTED**. Applicants **SHOULD NOT** withdraw from or cease to attend High School until they have received an official full acceptance letter and are within one week of their class start date.

Applicant Last Name	Applicant First Name	Applicant Middle Name	
Applicant Citizenship Status	**Date of Birth**	**Age**	**Sex**
☐U.S. Citizen ☐Legal Permanent Resident ☐Other			
Street Address			**Apt. No.**
City	**State**		**Zip Code**
Name of Current / Last School Attended	**City of School**		**State of School**

	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Name		
Relationship to Applicant (Select One)	☐ Biological Parent ☐ Legal Guardian	☐ Biological Parent ☐ Legal Guardian
Address		
City, State, Zip Code		
Cell Phone		
Email		
Select (One) Person as the Primary Point of Contact	☐	☐
Select Custody Agreement (If Sole, only select parent/guardian with custody)	☐ Joint ☐ Joint Legal ☐ Sole	☐ Joint ☐ Joint Legal ☐ Sole

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Applicant Interest Form Continued

Answer the following questions.	YES	NO
1. Does the Applicant have a current IEP or 504 Plan?	☐	☐
2. Does the Applicant already have a High School Diploma?	☐	☐
3. Has the Applicant ever been Arrested? **IF YES**, list date(s) and charge(s) in the box below.	☐	☐
4. Has the Applicant ever been on Probation or Deferred Disposition? **IF YES**, list start date(s), end date(s), and charge(s) in the box below.	☐	☐
5. Does the Applicant have any pending court dates? **IF YES**, list date(s) and charge(s) in the box below.	☐	☐
6. Has the Applicant attended any residential or treatment program? **IF YES**, list date(s) and location(s) in the box below.	☐	☐
7. Has the applicant attended any Youth ChalleNGe program before? **IF YES**, list date(s) and location(s) in the box below.	☐	☐
8. Is the applicant willing to be drug tested?	☐	☐

Use the box below for explaining **YES** answers for questions 3 through 7.

How did you hear about the NJ Youth ChalleNGe Program?

☐ Internet ☐ Family / Friend ☐ School (Teacher / Counselor)
☐ Social Media ☐ Police / Government Agency ☐ Other (Not Listed)

Why does the Applicant want to attend the NJ Youth ChalleNGe Program?

Applicant Statement of Understanding

By signing below, 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 understand that Applicants submitting this form do NOT HAVE A RESERVED CLASS SLOT and are NOT ACCEPTED. Applicants SHOULD NOT withdraw from or cease to attend High School until they have received an official full acceptance letter and are within one week of their class start date. I affirm that all statements made in this application are accurate and truthful to the best of my knowledge. I further understand that the information I have given in the first four parts 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 pre-application, I agree that any information I provide may be stored and 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 Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Complete this form at **njyca.gov/applicant-interest form** or print & mail to NJ YCA, 100 Camp Dr., Sea Girt, NJ 08750