

Virginia Commonwealth Challenge Youth Academy  
Attn: Admissions  
Bldg. 253 C Street  
Camp Pendleton  
Virginia Beach, VA 23451

To apply for admission complete the following Application as thoroughly as possible and attach required forms. **PLEASE DO NOT LEAVE ANY FORM BLANK. Mail Application or fax to (757) 491-2146** Provide the following documents in this order.

- ❖ Application Forms: Complete pages 1 and 2 entirely and accurately.
- ❖ Legal Information Form.
- ❖ Court Documents that: Provide charge(s), type(s) of charge(s), pending court dates, results of charge(s).
- ❖ Consent for Release of School Information Form.
- ❖ School Transcript(s): Obtain a copy from the school.
- ❖ Medical History Survey: **Parents and the child will fill this form out and sign it.**
- ❖ Mental Health Survey **Parents and the child will fill this form out and sign it.**
- ❖ Physical Examination: to be completed by Medical Provider.
- ❖ Mentor Application: Bring your mentor or potential mentor with you to Orientation.  
Questions about Mentors can, be answered by calling (757) 491-5932 Ext 240 .

**\*Important Supporting Documents needed\***

- ❖ Birth Certificate: Provide a copy of your birth certificate.
- ❖ Individual Education Plan/504 (IEP)
- ❖ Social Security Card: Provide a copy of your social security card.
- ❖ Child Custody Documents/Adoption Papers: Provide a copy of your most current custody papers.
- ❖ Medical Insurance Verification: Provide a copy of your insurance card front & back.
- ❖ A valid Virginia ID card: provide for GED testing (Note: Needed after 2nd pass).
- ❖ Provide a copy of your most current immunization record.
- ❖ TB skin test or chest x-ray: Received within 12 months prior to the start of class.

# Commonwealth Challenge Youth Academy Legal Form

Last Name

First Name

MI

Candidate's Name:

**Please Note: We can't accept any applicant who has been convicted of a felony, or who is currently on a "deferred entry of judgment". The felony MUST be reduced to a misdemeanor or expunged before acceptance.** You must have your probation officer sign this form. Any false or misleading information could result in denial or termination from the ChalleNGe Academy. Please click the boxes (Yes/No) with your answers.

1. Have you ever been arrested, apprehended, charged, cited, or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty in any state? YES NO

*\* If your answer is "NO", sign and go to the next page. \**

2. If your answer to question #1 was "YES", please answer the following: What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH!

Date	Nature of Offense or Violation	Law Enforcement Agency	Outcome
a. _____/_____/_____	_____	_____	_____
b. _____/_____/_____	_____	_____	_____
c. _____/_____/_____	_____	_____	_____
d. _____/_____/_____	_____	_____	_____

**YOU MUST ATTACH ALL DOCUMENTS RELATING TO THE INCIDENT'S LISTED ABOVE (disposition summary of charges, minute orders, tickets, outcomes showing the status of charge (misdemeanor/felony))**

3. Are you currently awaiting a hearing or sentencing? YES NO

a. If you are awaiting a hearing or sentencing, what is the scheduled date? \_\_\_\_\_

60 Where will the hearing or sentencing take place? (city, county) \_\_\_\_\_

70 Are any of the above charges a felony? YES NO

c0 If "YES", which one(s): \_\_\_\_\_

80 Are you currently on probation? YES NO for how long? \_\_\_\_\_

c0 Who is your probation officer: \_\_\_\_\_

d0 What is your probation officer's phone number: \_\_\_\_\_

90 Are you currently doing community service? YES NO

a. If yes, how many hours do you have pending? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Probation Officer: \_\_\_\_\_ Email: \_\_\_\_\_

AUTHORITY: Public Law 102-484, Sec. 1091 e (2)

Principle Purpose: To select applicants for participation in the Virginia Commonwealth Youth ChalleNGe Academy. Medical information is solicited so that successful applicants may be provided safe and effective medical treatment in the event of illness or injury.

Disclosure: Disclosure is voluntary, however, applicants who do not provide requested information will not be considered for participation in the Commonwealth Challenge youth Academy.

The Virginia Commonwealth ChalleNGe Youth Academy is a non-profit organization sponsored by the Virginia National Guard. Our purpose is to provide a highly disciplined atmosphere which foster academics, leadership development, and personal growth. The Virginia Commonwealth ChalleNGe Youth Academy serves unemployed or underemployed 16-18 year old youth. who have withdrawn or have dropped out of high school, without regard to race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity.

Youth participants shall be informed of the following: Participants receiving training under the Program established by this guidance are neither Federal employee's nonmembers of the National Guard. The participants shall be considered Federal employees under Sub chapter I of Chapter 81 of Title 5, U.S. Code, for the purpose of compensation for work injuries; and for the purpose of Sections 1346(b) and Chapter 171 of Title 28, U.S. Code, and any other provision of law relating to the liability of the United States for tortuous conduct of employees of the United States. The participants shall not be considered to be in the performance of duty while not at the assigned location of training or other activity authorized in accordance with the Program Agreement except. When the participant is traveling to or from the location or is on pass from that training or other activity. In computing compensation benefits for disability or death, the monthly pay of a participant shall be deemed that received under the entrance salary for a grade GS-2 Federal employee. The entitlement of a person to receive compensation for a disability shall begin on the day following the date that the person's participation in the Program is terminated.

#### Basic Eligibility Criteria

- ❖ **Must be between 16-18 Years of age.**
- ❖ **Must have a Mentor Identified and must live in the same state as the mentee**
- ❖ **Physically and mentally capable of participating in the program with reasonable accommodations.**
- ❖ **Withdrawn/Transferred or have dropped out of high school.**
- ❖ **Unemployed or underemployed.**
- ❖ **No felony convictions or pending felony Charges.**
- ❖ **You can be on parole or probation for misdemeanor charges only.**
- ❖ **Citizen or legal resident of the United States.**
- ❖ **Must be a resident of Virginia**

Parent/Guardian Signature:

Candidate Signature:

# Application Form

## Section A: Applicant Information

Last Name  Middle Name  First Name

SSN  D.O.B MM/DD/YY  AGE  SEX M/F

Address  City  State  Zip Code

### ***Ethnicity/Race*** Please click the box with your answer

Hispanic/Latino    American Indian    Asian    African American    Caucasian    Native Hawaiian

Alaska Native    Pacific Islander    Other \_\_\_\_\_

Height (inches)  Weight  Hair Color  Eye Color

Shirt:  Pants:  Shoe Size

### ***Family Life*** Questions apply to the Candidate, NOT the Parent/Guardian

Married  # of children  Household Count

***Parent/Guardian*** Please provide the court documents showing the name(s) of the individuals (s) awarded legal custody of applicant, to include adoption papers (If Applicable).

Name  Parent/Guardian Cell

Address  City  State  Zip Code

Parent/Guardian E-Mail: \_\_\_\_\_

## Section C: Emergency Contact

Relationship  Name  Cell phone number

Relationship  Name  Cell phone number

**Affirmation of information.**

By submitting this application, I affirm that all information and statements that I have provided are accurate and true to the best of my knowledge, and fully understand that any false statements will disqualify my child from the academy.

I agree to the Challenge Academy administering a drug and alcohol test to my child son/daughter will be tested by qualified individuals for drugs and alcohol as part of his/her physical examination. I further understand that during the course of the program, my child will be randomly tested for drugs and alcohol. Any positive results may result in disenrollment.

I approve of the Challenge Academy using my child's photo or likeness of, and voice for any video, DVD, radio, TV programs or interviews and Internet presentations to include Facebook, YouTube and any other social media outlets to promote the Commonwealth Challenge Youth Academy. A photographer chosen by the Challenge Academy can take pictures of my son/daughter for the purpose of Awards Banquet, Family Day and the Yearbook or Yearbook DVD.

**Monitoring of Cadets by Surveillance Cameras; 24/7**

Cadets are monitored by camera twenty four hours a day, seven days a week in the barracks, HQ, academic buildings, the dining hall and all common areas. Cadets are to be in either school or physical training (PT) uniforms at all times in their barracks, hallways, coming in and out of the shower or latrine, and the academy area. Cadets will be in proper uniform according to CCYA policy and cadet handbook. Uniform changes may be dictated by the Team Leader depending on the situation. If my son/daughter tampers or destroys any of the surveillance cameras he/she may be terminated and the parents or guardians will be held liable for the damage and billed by the state.

Parent Signature

Candidate Signature

How did you hear about CCYA?

(Please select one )



Commonwealth Challenge Youth Academy  
253 C St. Camp Pendleton  
Virginia Beach, VA 23451

**Consent for Release of Information/Academic Program Request**

**Student (S) Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip code \_\_\_\_\_

Fax Number \_\_\_\_\_

The following information requested will be use to assist the staff of the Virginia Commonwealth Challenge Youth Academy in evaluating and assessing the student's application and designing an individual education program for each student. **\*Does the student have a current IEP/504? Please provide a copy\*.**

- |   |   |
|---|---|
| <input type="checkbox"/> Grade transcripts                            | <input type="checkbox"/> Individual Education Plans (IEP) / 504Plan (if applicable) |
| <input type="checkbox"/> Standardized test records                    | <input type="checkbox"/> Tri-annual reviews   |
| <input type="checkbox"/> Special Education evaluation (if applicable) | <input type="checkbox"/> Social history   |
| <input type="checkbox"/> Withdrawal/Transfer form                     | <input type="checkbox"/> Immunization and health records                            |

***\*Commonwealth Challenge Youth Academy Program Enrollment\****

Please select which program you would like for your child/student:  GED  Credit Accrual/Recovery

***\*Guidance Counselor or School Official must complete this portion\****

**Credit Accrual/Recovery Program** Virtual Learning program is to provide an opportunity for Virginia students to take a virtual or online course through an accredited online learning platform. In order to recover a course previously taken or continue on graduation path. We currently use the Edgenuity learning platform.

**Credit Accrual/Recovery Program Select ONLY:** one course per subject. If a student failed the course and needs to retake the course or Take a course, indicate the selection by checking the box before subject name. If only 1st or 2nd semester course is needed, please circle A (1st semester) or B (2nd semester).

- |   |   |
|---|---|
| <input type="checkbox"/> English 9 (A or B)                   | <input type="checkbox"/> Algebra I (A or B)                         |
| <input type="checkbox"/> English 10 (A or B)                  | <input type="checkbox"/> Algebra II (A or B)                        |
| <input type="checkbox"/> English 11 (A or B)                  | <input type="checkbox"/> Algebra Functions & Data Analysis (A or B) |
| <input type="checkbox"/> English 12 (A or B)                  | <input type="checkbox"/> Geometry (A or B)                          |
| <input type="checkbox"/> Earth Science (A or B)               | <input type="checkbox"/> World History & Geography I (A or B)       |
| <input type="checkbox"/> Biology I (A or B)                   | <input type="checkbox"/> World History & Geography II (A or B)      |
| <input type="checkbox"/> Biology II-Ecology                   | <input type="checkbox"/> VA/US History (A or B)                     |
| <input type="checkbox"/> Chemistry (A or B)                   | <input type="checkbox"/> VA/US Government (A or B)                  |
| <input type="checkbox"/> Economics & Personal Finance(A or B) |   |

Parent/Guardian signature \_\_\_\_\_ Student Signature \_\_\_\_\_

School Counselor Name \_\_\_\_\_ Counselor's Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medical Survey

**PURPOSE:** This survey must be completed by a parent/guardian in order for the youth to participate in the **22 week residential program which utilizes a highly structured quasi-military format.** **Understandably youth will need to be able to with stand the physical and emotional stressors during their transition into the CCYA lifestyle.** These questions are designed to determine if the youth has developed any condition, which would make it hazardous to participate in CCYA academic/athletic program. “Yes” answers are not necessarily disqualifiers. Dishonesty or non-disclosure of medical history are disqualifiers. **PLEASE CLICK THE BOXES WITH YOUR ANSWERS**

Candidates Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**In case of emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
(1) Asthma, wheezing, or inhaler use			(34) Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip or other joint		
(2) Dislocated joint, including knee, hip, shoulder, elbow, ankle or other joint			(35) Drug or alcohol rehab		
(3) Epilepsy, fits, seizures, or convulsions			(36) Kidney, urinary tract or bladder problems, surgery, stones or other urinary tract problems		
(4) Sleepwalking			(37) Sugar, protein or blood in urine		
(5) Recurrent neck or back pain			(38) Surgery on a bone or joint (knee, shoulder, elbow, wrist, etc.) including Arthroscopy with normal findings		
(6) Rheumatic fever			(39) Pain or swelling at the site of an old fracture		
(7) Foot pain			(40) Shoulder, knee, or elbow problem (out of place)		
(8) A swollen, painful, or dislocated joint or fluid in a joint (knee, shoulder, wrist, elbow, etc.)			(41) Perforated ear drum or tubes in ear drum(s)		
(9) Double vision			(42) Locking of the knee or other joint		
(10) Periods of unconsciousness			(43) Anemia		
(11) Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches			(44) Giving way of knee or other joint		
(12) Wear contact lenses			(45) Ear surgery, to include mastoidectomy or repair of perforated ear drum, hearing loss or need/use a hearing aid		
(13) Fainting spells or passing out			(46) Cataracts or surgery for cataracts		

# Medical Survey

(14) Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc.			(47) Eye surgery, including radial keratotomy, lens implant or other eye surgery to improve your vision		
(15) Back surgery			(48) Night blindness		
(16) Any of the following skin diseases:			(49) Collapsed lung or other lung condition		
(a) Eczema			(50) Absence or disturbance of the sense of smell		
(b) Psoriasis			(51) Bed wetting		
(c) Atopic dermatitis			(52) Absence or removal of the spleen, or rupture or tear of the spleen without removal		
(17) Irregular heartbeat, including abnormally rapid or slow heart rates			(53) Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction		
(18) Allergic to bee, wasp, or other insect stings			(54) Anorexia or other eating disorder		
(19) Heart murmur, valve problem or mitral valve prolapse			(55) Taken medication, drugs, or any substance to improve attention, behavior, or physical performance		
(20) Allergic to wool			(56) Cracked bone or fracture(s)		
(21) Heart surgery			(57) Bursitis		
(22) Any other heart problems			(58) Do you smoke? (If yes :)		
(23) High blood pressure			(a) Type- Cigarettes, Cigars, Smokeless tobacco		
(24) Ulcer (stomach, duodenum or other part of intestine)			(b) How many per day?		
(25) Intestinal obstruction (locked bowels), or any other chronic or recurrent intestinal problem, including small intestine or colon			(c) Date last used		
(26) Detached retina or surgery for a detached retina			(59) Braces/Retainers		
(27) Surgery to remove a portion of the intestine (other than the appendix)			(60) Evaluation, treatment, or hospitalization for substance use, abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances)		
(28) Any other eye condition, injury or surgery			(61) Loss of finger, toe or part thereof		
(29) Gall bladder trouble or gall stones			(62) Loss of the ability to fully flex (bend) or fully extend a finger, toe or other joint		



# Medical Survey

**Please click the box with your answer. Left Box is "Yes," Right Box is "No."**

(30) Jaundice					
(31) Missing a kidney			(63) Any illnesses, surgery, or hospitalization not listed above		
(32) Allergy to common food (milk, bread, eggs, meat, fish or other common food)			(64) Broken bone requiring surgery to repair (with or without pins)		
(33) <b>(Females only)</b> Abnormal PAP smear or gynecological problem			(65) Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk		
Blank			(66) <b>(Males only)</b> Missing a testicle, testicular implant, or undescended testicle		

**IF YOU ANSWERED "YES" TO ANY QUESTION ON THE MEDICAL HISTORY SURVEY, YOU MUST FULLY EXPLAIN WHY YOU MARKED "YES." (See Example below.)**

**Write the number of the question and an explanation on the lines provided below.**

**Ex: 59—Braces/Retainers**

**I wore braces when I was 12 to correct my overbite.**

**Comments:**

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# Medical Questionnaire

## VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY Mental Health Survey

**PURPOSE:** This survey must be completed by parent (or guardian) /youth in order for the youth to participate in the 22 week residential program which utilizes a highly structured quasi-military format. Understandably youth will need to be able to withstand the physical and emotional stressors during their transition into the CCYA lifestyle. These questions are designed to determine if the youth has developed any condition, which would make it hazardous to participate in CCYA academic/athletic program. **"Yes" answers are not necessarily disqualifiers, rather they help provide information that allows the proper assistance to the youth.** Dishonesty or non-disclosure of mental health are disqualifiers. **Please click the boxes with your answers. You can also un-check a box by clicking it.**

Candidates Name: \_\_\_\_\_

Have you ever been in Counseling  Yes  No  Therapy  Rehab

Dates: \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever had a mental health hospitalization?  Yes  No When? \_\_\_\_\_ Why? \_\_\_\_\_

What Hospital/Facility? \_\_\_\_\_

Have you ever been given a psychiatric diagnosis by a doctor, such as ADHD, Depression, Bipolar, ODD, etc.? Yes  No

What was the diagnosis? \_\_\_\_\_

Have you ever hurt yourself intentionally? Yes  No

(Circle all that apply) Burning/Cutting - Suicidal Thoughts - Suicide Attempt

When? \_\_\_\_\_

Do you have a history of drug use? Yes  No

What drugs do you use? \_\_\_\_\_

Are you currently taking any prescription medication? Yes  No

Please list all prescribed psychiatric medications taken in the last 3 years (include the dates used for each):

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the Candidate in question to penalties and/or termination as determined by the CCYA.**

Candidate Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_Date: \_\_\_\_\_

**Thank you for completing the application. You must print the application, after filling the forms online, then sign the application in pen. You may submit the application by scanning and emailing to [admissions@vachallenge.org](mailto:admissions@vachallenge.org) or by faxing to 757-491-2146. Once we receive the paperwork we will send you Phase Two of the application process.**