## HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

Kalaeloa Campus P.O. Box 75348 Kapolei, HI 96707-0348, Phone: (808) 673-7530 Fax: (808) 673-7538

P.O. Box 5210 Hilo, HI 96720 Phone: (808) 933-1922 Fax: (808) 933-3916

Hilo Campus

### TRANSCRIPT REQUEST FORM

#### **INSTRUCTIONS**:

Applicant/Parent/Legal Guardian:

- 1) Fill in all information completely and clearly in black or blue ink.
- 2) Please ensure that this form is signed by both applicant and parent/legal guardian.
- 3) Submit this form to your high school by mail or in person. DO NOT MAIL THIS FORM TO US AS IT WILL NOT BE FORWARDED TO YOUR SCHOOL.

(NOTE: If you have any outstanding debts with your high school, they may require that you pay these debts before releasing your transcript to us. The Hawaii National Guard Youth Challenge Academy will not be involved in the collection of these debts but, we are requiring that your transcript be received prior to your interview date.)

#### Registrar:

- 1) Please provide us an "unofficial copy" of the applicant's academic record to include the following:
  - a) Transcript of course work through last marking/grading period.
- 2) Please mail transcripts to us at:

Attn: Admissions Hawaii Youth Challenge Academy P.O. Box 75348 Kapolei HI 96707-0348

3) Or fax to us at (808) 673-7538 Attn: Program Coordinator

| Applicant Information                                    |                                 |                     |      |       |                        |   |        |  |
|--|---------------------------------|---------------------|------|-------|------------------------|---|--------|--|
| Last Name First N  |                                 |                     | Name |       |                        | N | Middle |  |
|  |                                 |                     |      |       |                        |   |        |  |
|  |                                 | (                   | City | State | Zip Code               |   |        |  |
|  |                                 |                     |      |       |                        |   |        |  |
| Date of Birth  | Age                             | Gender – Circle one |      |       | Social Security Number |   |        |  |
| / /  |                                 | Male                | male |       |                        |   |        |  |
| Name of last high school attended Address of high school |                                 |                     |      |       |                        |   |        |  |
|  |                                 |                     |      |       |                        |   |        |  |
|  |                                 |                     |      |       |                        |   |        |  |
|  |                                 |                     |      |       |                        |   |        |  |
| Applica  | Parent/Legal Guardian Signature |                     |      |       |                        |   |        |  |
|  |                                 |                     |      |       |                        |   |        |  |

# DO NOT SUBMIT THIS FORM TO YOUTH CHALLENGE! YOU MUST SUBMIT IT TO YOUR HIGH SCHOOL