



HAWAII NATIONAL GUARD  
YOUTH CHALLENGE ACADEMY – HILO CAMPUS

PO Box 5210 Hilo, HI 96720

Phone (808) 430-4184

Fax (808) 933-1403

[admissions.hilo.yca@hawaii.gov](mailto:admissions.hilo.yca@hawaii.gov)



**Congratulations on your decision to apply to the Youth Challenge Academy Hilo Campus!**

There are a number of items that need to be completed, to help we have provided a simple checklist.

- ☐ **Application** – completed and signed by candidate and all custodial parents/guardians
- ☐ **Birth Certificate** – copy
- ☐ **Medical Insurance Card** - copy
- ☐ **Social Security Card** - copy
- ☐ **Government issued ID** - copy
- ☐ **Enrollment Agreement** (Completed/Signed by applicant and all custodial parents/guardians are sent back to YCA)
- ☐ **Parent Questionnaire, Custody, 911 Contact form** (Completed/Signed by all custodial parents/guardians are sent back to YCA)
- ☐ **Waivers** (Completed/Signed by all custodial parents/guardians are sent back to YCA)
- ☐ **Family Tree Project** (Completed/Signed by applicant and all custodial parents/guardians are sent back to YCA)
- ☐ **Medical Aid Station, Rx** (Completed/Signed all custodial parents/guardians are sent back to YCA)
- ☐ **Medical Provider forms** (Please fill out parent/guardian sections ONLY, then bring to medical appointments. Completed/Signed forms are sent back to YCA)
- ☐ **Juvenile Criminal Report** (This is ***REQUIRED*** for all applicants. Requests are processed at your district Family Court, results are sent back to YCA)
- ☐ **Transcript Requests** (Complete and submit to current/previous school attended)
- ☐ **Mentor Application** (Due to our Post Residential Team no later than In-Processing Day) \*Mentors can expect to fill out the application, obtain two referrals, participate in a phone interview with our Post Residential Team, submit fingerprints, and complete training.

All required items should be completed and returned to our office by email, fax, mail, or online submission 2 weeks prior to the beginning of class, however if you run into setbacks and need additional time please communicate to our offices as early as possible.



HAWAII NATIONAL GUARD  
YOUTH CHALLENGE ACADEMY – HILO CAMPUS  
Frequently asked questions & Important Information



1. Can we use a school ID?  
**No.** It is a requirement of the program to have a government issued ID. Acceptable forms of ID include State, Driver License, Permit, Military, Passport.
2. My child doesn't have a criminal history, do we still need to obtain the report?  
**Yes.** This is required of all applicants.
3. My child takes prescription medications.  
Any prescribed medication and dosages must be accompanied by medical documents and a 90-day supply upon enrollment.
4. My child got a physical, TB test, or dental exam this year, can I use it?  
**Yes.** Clearances completed within 1 year of enrollment are accepted.
5. Can I withdraw my child from school now?  
**No.** 4140 forms are processed after Acclimation Graduation.
6. Is there a fee?  
**No.** Families are responsible for the items on the supply list.
7. Does YCA provide transportation for neighbor island applicants?  
**Yes.** We arrange and pay for your child's arrival as well as their flight home upon graduation. Please note that if your child is discharged for any negative behavior, or voluntarily drops out from the program, to include parental removal, you will be responsible for air fare home.
8. How many times will families be able to visit?  
**Twice, Family Day and Graduation.** Family, friends, and mentors are strongly encouraged to write to their applicant as often as possible. Phone calls happen regularly after the Acclimation Phase of the program.
9. We are having a difficult time finding a suitable mentor.  
Please contact our Post Residential office at (808) 896-8228 to further discuss.
10. Required parent participation:  
Upon acceptance, a parent/guardian, will be required to attend a workshop each month to maintain a connection to their cadet and the academy staff to help facilitate change each cadet is seeking through participation in the YCA program.



# HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY APPLICATION

HAWAII ISLAND & MAUI COUNTY

(808) 430-4184

admissions.yca.hilo@hawaii.gov

<b>SSN#: PROVIDE COPY</b>		<b>LEGAL NAME: FAMILY/LAST</b>		<b>FIRST/GIVEN</b>	<b>FULL MIDDLE</b>
____ / ____ / ____					
STREET ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (If same as above check here ) <input type="checkbox"/>		CITY		STATE	ZIP CODE
<b>GENDER</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>EMPLOYED?</b>	<b>US CITIZEN?</b>	<b>ATTACH COPY OF GREEN CARD</b>
<input type="checkbox"/> FEMALE	MOS / DAY / YEAR			<input type="checkbox"/> YES	<input type="checkbox"/> VISA <input type="checkbox"/> I-94
<input type="checkbox"/> MALE	/ /			<input type="checkbox"/> NO	<input type="checkbox"/> PERMANENT RESIDENT
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic					
<b>Mother's ( Female Guardian) Information</b>					
Last, First Name		Relationship		Email	Phone
STREET ADDRESS		CITY & STATE		ZIP CODE	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic					
<b>Father's ( Male Guardian) Information</b>					
Last, First Name		Relationship		Email	Phone
STREET ADDRESS		CITY & STATE		ZIP CODE	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic					
<b>ACADEMIC DECLARATION</b>					
<b>LIST EVERY HIGH SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY</b>					
MOST RECENT SCHOOL /PROGRAM		CITY/STATE/COUNTRY		ATTENDED/ATTENDING	
(DO NOT USE ABBREVIATIONS)				FROM M/Y	TO M/Y
<b>PERSONAL STATEMENT ESSAY (ATTACH PAPER AS NEEDED)</b>					
1. I would like to go to Youth Challenge because...					
2. My future goal is to...					
<b>Referral Information</b>					
First Name		Last Name		Phone	Relationship
Organization		Referral Date		Email	Occupation

CONTINUE ON REVERSE SIDE

**RESIDENCY DECLARATION (Submit Government-Issued Identification)**

I am a legal resident of Hawaii based on:

- ☐ I was born in the United State or one of its Territories. ☐ Naturalized U.S. Citizen  
☐ Assigned to Hawaii by a U.S. federal agency (i.e. the Military) ☐ Legal Residency Card (I-94)

**LEGAL DECLARATION (Submit Abstract/Letter of Clearance)**

- ☐ I have never been arrested  
☐ I have been arrested in the past When? \_\_\_\_\_ For What: \_\_\_\_\_  
☐ I am on probation for Juvenile Status. Probation Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ I have pending cases against me. My court date is set for: \_\_\_\_\_ Charge: \_\_\_\_\_

**ALCOHOL AND DRUG FREE DECLARATION (Submit Academy-Approved Drug Test)**

By my initials, I understand that the Hawaii National Guard Youth Challenge Academy, (YCA) is and Alcohol, Tobacco and Drug free environment, with a Zero Tolerance policy against drug use. I understand that I will be subject to random drug and toxicology screenings at any time while attending YCA and if I am found to test positive for substance abuse or am caught in possession of any of the aforementioned substances, I may be dismissed from YCA immediately without notice.

Init \_\_\_\_\_

**MEDICAL DECLARATION (Submit Medical Physical Clearance within 12 months)**

By my initials, I understand that the YCA is physically, emotionally, and mentally demanding and that it is my responsibility to inform the YCA staff of any pre-existing medical issues or concerns prior to my being accepted into the YCA program. To ensure that I am physically prepared for the YCA, I am required to complete a standard Hawaii DOE sports physical and provide a copy of that physical to the YCA admissions staff. Also, upon my reporting to the YCA, I am required to turn over all prescribed medications and accompanying documentation to the YCA medical staff who will monitor my use of this medication in accordance with all physician's written guidelines.

Init \_\_\_\_\_

**MENTOR PROSPECT**

I understand that I am required to find a mentor to assist me in completing YCA program. This mentor must be at least 23 years old, the same gender as myself, cannot live in my household, cannot be a parent or grandparent and must pass a criminal background check. This mentor must commit to attending an 8-hour training session and be willing to visit with me at least once a week during the 3rd and 4th months of the YCA residential program. Upon my graduation, this mentor will be required to submit weekly reports on my progress towards achieving my life goals as established during the residential portion of the YCA program.

By my initials, I understand that I may be discharged if I do not provide a trained mentor by week 13.

Init: \_\_\_\_\_

Mentor Prospect 1:

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MARITAL STATUS: **M S D W**  
RELATIONSHIP TO YOU: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

Mentor Prospect 2:

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MARITAL STATUS: **M S D W**  
RELATIONSHIP TO YOU: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

**APPLICATION CERTIFICATION**

I am VOLUNTARILY enrolling in the Hawaii National Guard Youth Challenge Academy Hilo Program. I understand that this is not a "sentencing alternative", and I can't be court ordered to attend. I also understand that the YCA Hilo is not OBLIGATED to accept me into the program.

☐ Yes ☐ No

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. **I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission.** I agree to provide documents relevant to the determination of my residency status and age as required by national Guidelines. Furthermore, I understand that the YCA shares a common database and personal information may be accessed by authorized Academy and National Guard Personnel.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ If Applicant is under 18  
Parent/Guardian's Signature: \_\_\_\_\_