



CAPITAL GUARDIAN YOUTH CHALLENGE ACADEMY

ENROLLMENT APPLICATION

3201 Oak Hill Drive
Laurel, MD 20724
Office (202) 730-1531
Fax: (202) 730-1532
www.cgyca.org



“Embrace the Challenge”

ENROLLMENT APPLICATION

Eligibility Requirements

To apply to the Capital Guardian Youth Challenge Academy, each Applicant must meet the following minimum eligibility criteria:

- Voluntarily participant
- Be at least 16 but not more than 18 years old on enrollment day
- High School drop-out or at-risk of dropping out (behind in credits, truant, etc.)
- A citizen or legal resident of the United States and a resident of the District of Columbia
- Unemployed or underemployed
- If charged, under indictment, or awaiting sentencing; not convicted of a felony contact Admission's Office.
- Willing to abstain from the use of illegal drugs
- Physically and mentally capable of completing the program

“EMBRACE THE CHALLENGE”



ENROLLMENT APPLICATION INSTRUCTIONS

The Enrollment Application must be completed by the individual who is applying or by guardian for acceptance into the Capital Guardian Youth Challenge Academy.

- a. Please complete the Enrollment Application by using **Blue** or **Black** pen.
- b. **PLEASE PRINT LEGIBLY.**
- c. Complete the Enrollment Application in its entirety.
- d. Contact the Admissions Office at 202-730-1579 if you have any questions or if you need assistance completing the Enrollment Application.
- e. In order to reserve your seat for an Orientation, the Admissions Office must receive a completed Enrollment Application. Applications are accepted on a first-come, first-served basis.

Required Documentation at Time of Orientation (Copy):

- Full Birth Certificate
- Social Security
- DC Non-Driver's Identification Card
- Medical Insurance Card
- Parent/Guardian DC Identification Card
- Parent/Guardian Proof of Residence (One (1) of the following: Car Registration/Mortgage Statement/ Lease/Utility Bill)
- Current and/or previous High School Transcript and/or Report Card with attached IEP Report if applicable

SUBMIT COMPLETED ENROLLMENT APPLICATION BY:

Email: vinetra.schwartz@dc.gov

Fax: 202-730-1532

Upon receipt of the completed Enrollment Application, the Admissions Office will notify the Applicant of their scheduled orientation date, time and location via e-mail and/or be contacted by phone.

If you have any questions please feel free to contact the Admissions Office, which is open daily from 9:00 AM to 5:30 PM, Monday through Friday. A message may be left anytime after regular office hours by calling 202-730-1579.

ENROLLMENT APPLICATION

Applicant's email address:

Applicant's Information:

1. Last Four Social Security Number: XXX - XX - _____

2. Full Legal Name: _____, _____, _____
Last First Middle

3. Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Age: _____

4. Gender: Male Female
____ _____

5. Ethnicity: ___ African American, not of Hispanic Origin
 ___ Asian or Pacific Islander
 ___ Hispanic
 ___ American Indian or Alaskan Native
 ___ White, not of Hispanic Origin
 ___ Other:

6. U.S. Citizenship: Yes _____ No _____ If No, complete the following:

Country of Citizenship: _____

Current Visa Status: ___ Student ___ Other; Alien Registration #: _____

7. Phone Number: _____ - _____ - _____ (Please circle: Cell/Home/Work)

_____ - _____ - _____ (Please circle: Cell/Home/Work)

8. Address: _____
Number Street Apt #

_____ , _____
City State Zip Code Ward

9. Name of Last High School Attended: _____
School Name

_____ , _____
City State

Last date attended (MM/DD/YYYY): ____ / ____ / ____

10. Are you employed or underemployed?: _____ If Yes, where? _____
Yes No

Primary Parent/Guardian's email address: _____

11. Name: _____, _____, _____
Last First Middle

12. Phone Number: _____ - _____ - _____ *(Please circle: Cell/Home/Work)*
_____ - _____ - _____ *(Please circle: Cell/Home/Work)*

13. Address: _____
Number Street Apt #

City Zip Code Ward

Secondary Parent/Guardian's email address: _____

14. Name: _____, _____, _____
Last First Middle

15. Phone Number: _____ - _____ - _____ *(Please circle: Cell/Home/Work)*
_____ - _____ - _____ *(Please circle: Cell/Home/Work)*

16. Address: _____
Number Street Apt #

City Zip Code Ward

Mentor's Information:

17. Name: _____, _____, _____
Last First Middle

18. Phone Number: _____ - _____ - _____ *(Please circle: Cell/Home/Work)*
_____ - _____ - _____ *(Please circle: Cell/Home/Work)*

19. Address: _____
Number Street Apt #

City Zip Code Ward

20. Do you use any illegal drugs? _____

21. When was the last time you used any illegal drugs? _____

22. Are you currently under or pending any court sentencing, probation or indictment?

If yes, what was the charge? _____

23. Have you ever applied to participate in the Capital Guardian Youth Challenge Academy or any other Youth Challenge Academy?

_____ Yes

_____ No

If Yes, which Academy did you apply and/or participated in? _____

What Class number and when? _____

24. What is your shirt size? ___ S ___ M ___ L ___ XL ___ XXL

25. What is your pants size? ___ S ___ M ___ L ___ XL ___ XXL

26. What is your shoe size? _____

I certify that the information on this Enrollment Application is accurate and complete and I understand that it is my responsibility to notify the **Admissions Office** of any change in the information contained on this Enrollment Application. Failure to provide accurate information, particularly regarding item twenty-two (22) above, may be just cause for dismissal from the Capital Guardian Youth Challenge Academy.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required, for applicants less than 18 years of age)