



CAPITAL GUARDIAN YOUTH CHALLENGE ACADEMY

3201 Oak Hill Drive, Laurel, MD 20724

MONTHLY POST STATUS REPORT

Cadets Name: _____ Age: _____
Address, if changed _____
Phone Number () _____ Mentor E-mail _____

Date of Contact	Phone	Face-to-Face	other (e-mail, letter)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your Cadet furthering his/her education? If so, PLEASE check the box in each category that best describes their activity for the current month.

EDUCATION

High School _____
Vo-Tech _____
2 Yr. College _____
4 Yr. College _____
Job Corps _____
Adult Ed _____

MILITARY

Army _____
Navy _____
Air Force _____
Marines _____
Coast Guard _____
National Guard _____

MISCELLANEOUS

Deceased _____
Incarcerated _____
Disabled _____
Unknown _____
Last Date of Contact _____
Enlisted Date _____

EMPLOYMENT

Part-Time-Hourly Wage: _____ Full-Time Hourly Wage: _____ Not Employed: _____
Employer Name: _____ Date of Hire: _____
Employer Phone #: _____
Position: _____ Date Terminated: _____

- ❖ A copy of Pay Stub, along with employers name, address, and phone number should be attached.
- ❖ A copy of Military orders to Basic Training should be attached if joined the military.
- ❖ A copy of GED Scores if passed after graduation from CGYCA should be attached.

REMARKS:

Mentor Signature/Date _____

* Suspense Date 5th of each month

CLASS # _____ CASE MANAGER _____ P/R MONTH _____

****This report may be faxed, e-mailed or mailed back.**

Fax: (202) 730-1532

Mail In: Capital Guardian Youth Challenge Academy – 3202 Oak Hill Drive, Laurel, MD 20724