



Mountaineer Challenge Academy

APPLICATION GUIDELINES

- A. Submit **ORIGINAL** Application Packet (original signatures are required) and copies of documents to the MCA. Please do not FAX.
Mountaineer Challenge Academy
PO Box 586
Kingwood, WV 26537
- B. Complete the **Application Packet** in blue ink. (State appointed guardians must sign all documents if the applicant is in State custody.) Use this checklist:
- ☐ 1. Application and Education / Employment / Legal Review
 - ☐ 2. Medical Health Check
 - ☐ 3. Release of School Records
 - ☐ 4. Mentor Prospects
 - ☐ 5. Emergency Notification and Authorized Transportation List
 - ☐ 6. Acknowledgments
- C. Submit a **COPY** of these documents with the Application OR bring to the OPI. Use this checklist:
- ☐ 1. Official Birth Certificate – not the hospital copy
 - ☐ 2. Social Security Card OR proof of application OR request for duplicate card
 - ☐ 3. Medical Insurance Card – front and back
 - ☐ 4. Current Immunization Records including:
 - ☐ Adult Tdap (Tetanus, Diptheria, Pertussis)
 - ☐ TB (Tuberculosis)
 - ☐ Meningitis
- D. Attend an **Orientation – Processing – Interview** (OPI) event.
1. OPI is a LONG DAY starting PROMPTLY at 10am and ending at 4pm.
 2. A letter with the OPI date will be mailed to the applicant after MCA receives the application.
 3. The Applicant AND a Parent/Legal Guardian must attend OPI to sign forms.
- E. A **Mentor** is required for each Cadet. Start the process of finding your Mentor now. Visit www.wvchallenge.org and click on MENTORS to learn more about this unique part of the Program and download a Mentor Application. Submit your Mentor Application with your Cadet Application if possible. If you have questions, please call the RPM Assistant for your county.

The information provided on the application and forms required by the Mountaineer Challenge Academy must be accurate and truthful. If pertinent information is withheld OR false information is provided regarding the applicant, both the safety and well being of the applicant could be jeopardized. If pertinent information is withheld OR false information is provided regarding the applicant, the applicant would no longer be considered for admission OR could be disenrolled from the program upon discovery of such information. This program is voluntary and deals with discipline, honor and confidence. The program is not equipped to cure or deal with issues that require therapeutic or addiction care or criminal behavior.



FREQUENTLY ASKED QUESTIONS ABOUT MENTORING

1. Are Mentors Required?

Mentors are required for every Cadet, no exceptions.

2. What is a Mentor?

Most dictionaries define a Mentor as “a wise and trusted teacher or counselor”. The required Mentoring relationship is crucial to the success of the Cadet and to **Challenge**. Mentors accept the challenge to help provide a link between the Cadet and the **Academy**, during both the Residential and the Post Residential Phase of the program.

3. Where do I find a Mentor?

The best place to find a Mentor is from people you know: family friends, teachers, police officers, pastors / churches, neighbors, counselors, military personnel, Boys and Girls Clubs, extended family, etc. It is the family's responsibility to identify a Mentor.

4. How many times does the Mentor have to come to the Academy?

Only one time! Mentors are only required to come to the Academy to attend Mentor Training and/or Matching Ceremony. All Mentors are welcomed and encouraged to attend graduation ceremonies.

5. When is Mentor Training scheduled?

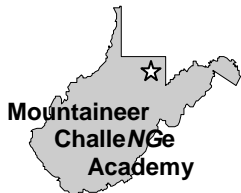
Multiple training sessions are available at different times on different days. Time is set aside to meet with Cadets. Parents may not attend.

6. What are the qualifications for a mentor?

1. Complete the Mentor Application
 - a. At least 25 years of age or older
 - b. Same gender as the Cadet if possible
 - c. Live in close geographic proximity to the Cadet
2. Complete the Mentor Training
3. Submit fingerprints for background check
 - a. No felony convictions
 - b. No sex offense charges
 - c. No domestic battery charges
 - d. No alcohol and/or substance abuse charges in the past five (5) years
4. Limitations
 - a. Not an immediate family member of the Cadet
 - b. Not living in the same household as the Cadet
 - c. Not the parent of a Cadet in the same class
 - d. Not a current MCA Staff Member or their spouse
 - e. Not more than one Cadet per class per Mentor

7. When are Mentor Applications due?

Mentor applications must be received no later than Opening Day.



Mountaineer Challenge Academy

APPLICATION

Do not leave any questions blank. Do not FAX your application.

Full Name _____ Social Security Number _____
Date of Birth _____ Age _____ Race _____
Physical Address _____ County _____
City _____ State _____ Zip _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ ☐ Male ☐ Female
Height _____ Weight _____ Color Hair _____ Color Eyes _____
Who do you live with? _____
Have you been a resident of the State of West Virginia for thirty (30) days or longer? ☐ Yes ☐ No

Father _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____
Progress Reports ☐ Yes ☐ No News Release ☐ Yes ☐ No

Mother _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____
Mother's Maiden Name _____
Progress Reports ☐ Yes ☐ No News Release ☐ Yes ☐ No

Who is your legal guardian? _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

☐ Physical Custody ☐ Legal Custody

Step-Father _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____
News Release ☐ Yes ☐ No

Step-Mother _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____
News Release ☐ Yes ☐ No

Additional legal guardian _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

☐ Physical Custody ☐ Legal Custody

FOR OFFICE USE ONLY

Date App Received	OPI Date



Mountaineer Challenge Academy

EDUCATION / EMPLOYMENT / LEGAL REVIEW

Do not leave any questions blank.

Name _____

Date you quit school / last attended _____

Still enrolled ☐

Reason for leaving school _____

Have you ever been expelled or suspended from school? Yes No

Please explain: _____

Highest grade completed _____ Highest grade attempted _____ Credits Earned # _____

Most recent school attended: _____ Previous school attended: _____

Address _____ Address: _____

School phone: _____ School phone: _____

Most recent employment: _____ How Long? _____

Job Duties _____ Rate of Pay? _____

Can you return to this job? Yes No Would you like to pursue similar work? Yes No

List two possible careers for your future (1) _____ (2) _____

Have you ever been charged for anything other than a traffic ticket? Yes No

Any pending legal issues? Yes No

Explain all charges _____

Are you currently on probation or an improvement plan? Yes No

Explain why: _____

Have you ever been on probation or an improvement plan? Yes No Date Ended _____

Explain why: _____

Name of Probation Officer _____ Phone _____

The information provided in this application is complete, accurate and truthful.

Signature of Parent/Legal Guardian / Date _____

Signature of Applicant / Date _____



Mountaineer Challenge Academy

Medical Health Check (Page 1 of 2)

IDENTIFYING INFORMATION

Name: _____ DOB: _____ MCA Class # _____
Address: _____ Age: _____ Responsible Adult: _____
City/State/Zip: _____ Insurance _____

FAMILY HEALTH HISTORY

PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD:

- | | | |
|---|---|--|
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> MENTAL RETARDATION |
| <input type="checkbox"/> ELEVATED CHOLESTEROL | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SUICIDE |
| <input type="checkbox"/> KIDNEY PROBLEM | <input type="checkbox"/> THYROID PROBLEM | <input type="checkbox"/> EATING DISORDERS |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> EYE DISORDERS | <input type="checkbox"/> OBESITY |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> EARLY USE OF GLASSES | <input type="checkbox"/> DRUG / ALCOHOL ABUSE |
| <input type="checkbox"/> BLOOD DISORDER | <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> CIGARETTE / CIGAR USE |
| | | <input type="checkbox"/> SMOKELESS TOBACCO |

CHILD'S HEALTH HISTORY

HAS CHILD HAD:

- | | |
|---|--|
| <input type="checkbox"/> MEASLES | <input type="checkbox"/> PHYSICAL ABUSE / NEGLECT |
| <input type="checkbox"/> MUMPS | <input type="checkbox"/> EYE OR VISION PROBLEMS |
| <input type="checkbox"/> RUBELLA | <input type="checkbox"/> ROTAVIRUS (SUDDEN SEVERE DIARRHEA & VOMITING) |
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> URINARY TRACT INFECTION |
| <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> FREQUENT CONSTIPATION |
| <input type="checkbox"/> MENINGITIS | <input type="checkbox"/> FREQUENT DIARRHEA |
| <input type="checkbox"/> EXPOSURE TO TB | <input type="checkbox"/> UPPER RESPIRATORY INFECTION |
| <input type="checkbox"/> HEART MURMUR _____ | <input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE _____ |
| <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> ARTHRITIS, RHEUMATISM, BURSITIS _____ |
| <input type="checkbox"/> SEIZURE _____ | <input type="checkbox"/> GALL BLADDER TROUBLE OR STONES _____ |
| <input type="checkbox"/> ASTHMA _____ | <input type="checkbox"/> CHRONIC COUGH OR COLDS |
| <input type="checkbox"/> EAR INFECTION | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> STREP THROAT | <input type="checkbox"/> HIGH BLOOD LEAD LEVEL |
| <input type="checkbox"/> CONJUNCTIVITIS | <input type="checkbox"/> HEAD INJURY, FAINTING, MEMORY LOSS, CONCUSSION(S) _____ |
| <input type="checkbox"/> KIDNEY STONES | <input type="checkbox"/> RUPTURE OR HERNIA |
| <input type="checkbox"/> DIABETES _____ | <input type="checkbox"/> LOSS OF FINGERS OR TOES _____ |
| <input type="checkbox"/> SKIN DISEASE | <input type="checkbox"/> TUMOR, CYST, CANCER _____ |
| <input type="checkbox"/> SCARLET FEVER | <input type="checkbox"/> THYROID TROUBLE _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> PAIN (CIRCLE): FOOT ANKLE |
| KNEE _____ | |

CHILD'S DEVELOPMENTAL HISTORY

- | | | |
|--|---|---|
| <input type="checkbox"/> MENSES | <input type="checkbox"/> PENILE DISCHARGE | <input type="checkbox"/> CHILDREN _____ |
| <input type="checkbox"/> CONTRACEPTION | | <input type="checkbox"/> TESTICULAR PROBLEM |

CHILD'S NUTRITIONAL HISTORY

ALLERGIES TO MEDICATION (List) _____
ALLERGIES TO FOOD (List) _____
ALLERGIES TO ENVIRONMENT (List) _____
SPECIAL DIET/NUTRITIONAL NEEDS _____
HISTORY OF EATING DISORDERS (List) _____



Mountaineer Challenge Academy

Medical Health Check (Page 2 of 2)

CHILD'S PSYCHOSOCIAL HISTORY

HAS CHILD HAD PROBLEM WITH:

- | | |
|---|--|
| <input type="checkbox"/> MOTOR SKILLS | <input type="checkbox"/> FIRE SETTING |
| <input type="checkbox"/> ACCIDENT PRONE | <input type="checkbox"/> DESTROYS PROPERTY |
| <input type="checkbox"/> SLEEPING | <input type="checkbox"/> TORTURES ANIMALS |
| <input type="checkbox"/> NIGHTMARES | <input type="checkbox"/> APPROPRIATE EXPRESSION OF ANGER |
| <input type="checkbox"/> BEDWETTING (AFTER 6 YEARS) | <input type="checkbox"/> GETTING ALONG WITH CHILDREN / PEERS |
| <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> GETTING ALONG WITH SIBLINGS |
| <input type="checkbox"/> HEARING | <input type="checkbox"/> GETTING ALONG WITH PARENTS / ADULTS |
| <input type="checkbox"/> SUPPOSED TO USE HEARING AID | <input type="checkbox"/> SEXUAL ACTING OUT |
| <input type="checkbox"/> CURRENTLY USES HEARING DEVICE | <input type="checkbox"/> CONCENTRATION |
| <input type="checkbox"/> VISION | <input type="checkbox"/> HYPERACTIVITY |
| <input type="checkbox"/> SUPPOSED TO WEAR GLASSES _____ | <input type="checkbox"/> ISOLATION |
| <input type="checkbox"/> CURRENTLY USES GLASSES OR CONTACTS _____ | <input type="checkbox"/> LEARNING |
| <input type="checkbox"/> SPEECH | |

CHILD'S CURRENT HEALTH ASSESSMENT

DIAGNOSIS FROM EDUCATIONAL TESTING: _____

CURRENTLY HAS I-E-P OR 504 PLAN _____

EVALUATED FOR SPECIAL EDUCATION SERVICES _____

PROFESSIONAL COUNSELING FOR _____

DEPRESSION DIAGNOSED: DATE _____

TREATED FOR DEPRESSION: DR _____

ATTEMPTED SUICIDE: DATE _____

TREATED FOR SUICIDE ATTEMPT: DR _____

NERVOUS TROUBLE OF ANY SORT _____

SMOKING/TOBACCO _____

DRUG / ALCOHOL USE _____

CHRONIC, ON-GOING ILLNESSES (List) _____

HISTORY OF HOSPITALIZATIONS (List) _____

SURGERIES (List) _____

BROKEN BONES (List) _____

HAS REGULAR DOCTOR: DR _____ DATE OF LAST SCREEN: _____

CURRENT HEALTH COMPLAINT(S) _____

CURRENT MEDICATION(S): _____

CURRENT HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR

NAME OF INDIVIDUAL COMPLETING FORM: _____ DATE: _____



Mountaineer Challenge Academy

CONSENT FOR RELEASE OF SCHOOL RECORDS

Application cannot be processed without this documentation.

I authorize the Board of Education in _____ County to assist the Academy in evaluating my child's eligibility by providing a complete and confidential report containing all applicable documents.

Previous standardized test scores – WVEIS Report 771

Grade transcript and credit history

Permanent health record w/immunizations

Individual Education Plan and Psychological Evaluation with recommendations if you received OR were tested for Special Education services

504 Plan with Psychological Evaluation and recommendations

APPLICANTS

Preference: Submit photocopies of the identified items and send them in as part of your application.

OR IF NECESSARY

Give a photocopy of this signed form to your school and have them send items directly to the MCA. FAX 304-329-2429

ORIGINAL FORM GOES TO MCA

SCHOOL STAFF: If this request cannot be completed at the local level, please identify the contact person where the request was forwarded.

Forwarded to: _____

By: _____

Phone: _____

Date: _____

Full Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City/State/Zip: _____

Applicant's Signature / Date: _____

Parent / Legal Guardian Signature / Date: _____

Most Recent School _____ Previous School _____

School Address: _____ School Address: _____

City/State/Zip: _____ City/State/Zip: _____

School Phone: _____ School Phone: _____

School FAX: _____ School FAX: _____

MAIL OR FAX TO:

**Mountaineer Challenge Academy
1001 Army Road – Camp Dawson
Post Office Box 586
Kingwood, WV 26537**

FAX Preferred: 304-329-2429

Date of Withdrawal OR Date Last Attended

Name of School Official

Title

Date

Telephone #

FAX #



Mountaineer ChalleNGe Academy

ACKNOWLEDGEMENTS (page 1 of 2)

CADET NAME: _____

1. TRUTHFUL DISCLOSURE

I do hereby swear or affirm that the information I provide on the application and forms required by the **Mountaineer ChalleNGe Academy** are accurate and truthful to the best of my knowledge. I understand that if I withhold pertinent information or provide false information regarding my child that not only can I jeopardize my child's safety and well being but that my child may be disenrolled from the Program upon discovery of such information.

2. PRIVACY ACT RELEASE

I understand that the **Mountaineer ChalleNGe Academy** operates under the authority of Public Law 102-484, Sec. 1091e(2). In order to evaluate my application for admission, to assess my progress during residential training and to facilitate my post-residential placement, I authorize the **Academy** to collect and use the personal data necessary at the program, state and national level. I understand that these disclosures are voluntary; however, if I do not authorize this action, I will not be selected for enrollment in the **Academy**.

3. RELEASE OF INFORMATION

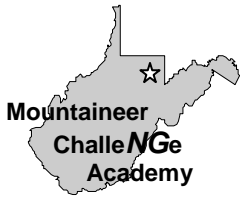
I consent, under applicable State and Federal Laws, to the release of information concerning my participation in the **Mountaineer ChalleNGe Academy**. I understand that such information may be obtained from my initial application as well as any documentation generated by the **Mountaineer ChalleNGe Academy** including the National Guard Youth ChalleNGe electronic database. This includes Personal Identifiable Information and information necessary for training in the Program's 8 Core Components, Post Residential Placement, academic testing, and medical care. I understand this includes photographs, news releases and interviews with the Media. I consent to the release of my information as it pertains to my enrollment and training with the **Academy**.

4. SCHOOL ENVIRONMENT

I understand that the **Mountaineer ChalleNGe Academy** is a quasi-military school. The **Academy** is voluntary and deals with discipline, honor and confidence. The **Academy** is a hands-off program which uses verbal control to maintain structure and discipline. It is not a juvenile detention facility and does not "lock down" Cadets. It is not a rehabilitation facility. It does not have a therapeutic component. The **Academy** is not equipped to cure or deal with issues that require therapeutic or addiction care or criminal behavior.

Signature of Parent/Legal Guardian / Date

Signature of Applicant / Date



Mountaineer ChalleNGe Academy

ACKNOWLEDGEMENTS (page 2 of 2)

CADET NAME: _____

5. EDUCATIONAL DEVELOPMENT AND CREDENTIALS

The **Mountaineer ChalleNGe Academy** is recognized as a Special Alternative Education Program and is an approved Option Pathway site for all of West Virginia. By achieving all required criteria (the high school equivalency assessment, KeyTrain certification at Level 4 and successfully completing the NGYCP Career and Technical Education course work), I will receive a high school diploma from the home high school upon completion of the program. I understand that receiving a high school diploma or a high school equivalency diploma is not guaranteed but based on my individual test performance. Educational credentials are not a requirement for graduation from the **Academy**. I understand that if the high school diploma or high school equivalency diploma is not achieved during the Residential Phase, I may return to the high school under the Option Pathway and / or with Credit Recovery in some counties to complete the diploma.

6. SUBSTANCE ABUSE TESTING

I acknowledge that the **Academy** is a drug-free program. The **Academy** is free of alcohol, tobacco and other illegal substances. I will be tested by qualified individuals for illegal substances as a condition of my enrollment, following leave, randomly, "For Cause", or "For Reasonable Suspicion". If I test positive at any time, I will be immediately terminated from the **Academy**. I consent to these tests.

7. SECURITY SYSTEM USE

I understand that the **Academy** uses surveillance cameras in the buildings to facilitate the safety and security of the Cadets and Staff. The cameras are located in all areas: classrooms, gym, DFAC, hallways, living areas, and latrine. Cameras in the latrine areas are used in the case of an incident and are protected by a command lockout available only to the Director or Deputy Director. **The Mountaineer ChalleNGe Academy** has notified me of the use of security cameras.

8. FINANCIAL RESPONSIBILITIES

I understand that the **Mountaineer ChalleNGe Academy** is free to the teenagers selected to participate. However, I could incur expenses during my enrollment. I am responsible for any expenses resulting from routine medical care and medications. I understand that I am responsible for the clothing items and training gear issued to me by the **Academy** even if I do not graduate. If these items are misplaced, lost, damaged, destroyed or stolen, I am required to pay for them. I understand that I am responsible for the replacement or repair of any property that is damaged or destroyed because of my behavior. I understand that the **Academy** is **NOT** liable or responsible for my personal property or belongings.

Signature of Parent/Legal Guardian / Date

Signature of Applicant / Date



Mountaineer Challenge Academy

MENTOR PROSPECTS

PLEASE PRINT CLEARLY

CADET NAME: _____

- I understand that Mentors are a requirement of the National Guard Youth Challenge Program and MCA.
- I understand that the best, strongest relationships are built with positive adults in the Cadet's life.
- I understand that more information will be provided to the Cadet and family during Orientation.
- I am identifying the following persons as prospective Mentors and I will discuss with them the opportunity of serving as a volunteer Mentor.

NAME/ADDRESS	TELEPHONE	GENDER M/F	OVER 25 Y/N	RELATIONSHIP TO CADET NOT IMMEDIATE FAMILY	LIVE IN SAME HOUSEHOLD AS CADET Y/N	IN MILES - HOW FAR DO YOU LIVE FROM CADET
	HOME: WORK: CELL:					
	HOME: WORK: CELL:					
	HOME: WORK: CELL:					
	HOME: WORK: CELL:					
	HOME: WORK: CELL:					

Signature of Parent /Legal Guardian / Date

Signature of Applicant / Date



Mountaineer Challenge Academy

EMERGENCY NOTIFICATION / AUTHORIZED TRANSPORTATION

PLEASE PRINT CLEARLY

CADET NAME: _____

1. The **Academy** will call down the list until one person has been notified in emergency situations.
 2. List all parents/legal guardians who may be notified of an emergency situation and/or who is authorized to transport this Cadet.
 3. Provide 3 additional names and phone numbers from different households who may be contacted in an emergency and/or may transport this Cadet.
 4. Only those persons over the age of twenty-one (21), authorized by the parent/legal guardian and with a valid driver's license/photo ID may transport the Cadet.
- NOTE: Cadets will not be released to anyone suspected of being under the influence of alcohol or drugs.

	NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE	EMERGENCY	TRANSPORT
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent / Legal Guardian / Date