

Project CHALLENGE

ARIZONA NATIONAL GUARD

WWW.AZPC.ORG

20395 East Rittenhouse Road • Queen Creek, Arizona 85242-9715

Phone: 480-988-4100 x228 • Fax: (480) 987-5340

Applicant's Information: PRINT CLEARLY and fill in ALL of the information.

Social Security# _____ - _____ - _____

Today's date: ___/___/___

Name _____
FIRST MIDDLE LAST

Date of Birth: ___/___/___ Age _____ Gender: ___ Male ___ Female

ETHNICITY: [] Asian or Pacific Islander [] Black or African American (Not Hispanic)

[] Hispanic or Latino [] American Indian or Alaskan Native

[] White (Not Hispanic) [] Other

Applicant's Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

County of residence: _____ Is this mailing address: Yes No

Parent/Guardian Information: Legal Guardians must submit court documents.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Relationship to Applicant: Parent ___ Step Parent ___ Legal Guardian ___ Other ___ Explain: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Relationship to Applicant: Parent ___ Step Parent ___ Legal Guardian ___ Other ___ Explain: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext: _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Is this Person authorized for Pickup: ___ Yes ___ No Legal Guardian: ___ Yes ___ No

IF APPLICABLE: NON-CUSTODIAL PARENT INFORMATION :

Custodial Parent must provide a copy of the Divorce or Court Decree.

Relationship to Applicant: Parent ___ Step Parent ___ Other ___ Explain: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext: _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Is this Person authorized for Pickup: ___ Yes ___ No Legal Guardian: ___ Yes ___ No

JUVENILE JUSTICE INFORMATION a copy of the **court documentation** indicating that the Cadet has completed his or her parole or probation is required, **ONLY** if the Cadet has **EVER** been placed on probation.

Do you have a Juvenile Record: ___ Yes ___ No If YES, please explain:

Probation Officer's Name _____
Phone _____ Fax _____ Email _____

Are you awaiting trial or have a court case pending? ___ Yes ___ No If YES, when is the COURT DATE? ____/____/____

Have you ever used illegal drugs or alcohol? ___ Yes ___ No If yes, please state when and what type of drugs you used:

Have you ever been convicted of a felony? ___ Yes ___ No

PREVIOUS SCHOOL INFORMATION
A copy of TRANSCRIPTS, SCHOOL WITHDRAWAL FORM, and ATTENDANCE RECORD must accompany this application

School Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Counselor's Name _____

Date of Last Attendance: ____/____/____ Last Grade Level Completed: _____

EMERGENCY CONTACT INFORMATION (Person to contact IN CASE OF EMERGENCY other than a parent or guardian, who is also available to pick up your child, in the event that he/she is asked to leave the program)

Name _____ Relationship _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone: (____) _____

Work Phone (____) _____ Email _____

MENTOR INFORMATION
Please list **TWO** prospective mentor names of the same gender as the applicant age 24 or older. A MENTOR is someone (**other than a relative**) whom you look up to and will keep in touch and assist you after you graduate from Project ChalleNGe. Please give the Mentor Application packets to the people you indicate on this application.

1. Name _____ Relationship _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone: (____) _____

2. Name _____ Relationship _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone: (____) _____

IN 100 WORDS OR MORE, STATE WHY YOU WOULD LIKE PARTICIPATE IN PROJECT CHALLENGE. (If your handwriting is hard to read, you may also send a typewritten document, but we still need your original handwritten document.)

CADET SIGNATURE _____ DATE _____

By submitting this application I agree that any information I provide may be made available to any person having a legitimate need for the information. I further understand that the Arizona National Guard shall determine who has such a need for this information.