



Freestate Challenge Academy Applicant's Application Form

* Bldg E 4230 Beal Road * APG, Edgewood Area * Gunpowder * Maryland 21010
Office 410-436-3220 or 410-436-3231



Applicant's Criteria:

- High School Drop-Out
- Free of illegal drugs
- 16-18 Years Old at the start of class
- Volunteer
- Not currently on parole or probation for other than juvenile status offenses, not awaiting sentencing, and not under indictment, charged, or convicted of a crime that is considered a felony when charged as an adult
- U.S. Citizenship (or Legal Resident)
- Resident of the State of Maryland
- Physically and Mentally capable to complete the program
- Must attend orientation and be interviewed
- Must have two completed Mentor Applications

Maryland Freestate Challenge Academy's purpose is to provide a highly disciplined atmosphere which fosters academics, leadership development, and personal growth. We serve unemployed or underemployed youth who have withdrawn from high school, without regard to race, gender, or national origin.

Answer all questions honestly and completely. Answers given in this application are intended to help us know the applicant better. It is not our purpose to reject applicants based solely on answers provided in this application. For more information please visit our web site: www.mdmildep.org/fca. or contact a Freestate Recruiter listed below.

****** Do not mail or fax this application******

****Please bring this application with you when you attend orientation****



Ms. Caraway (410) 440-0692
Recruiting and Admissions
Anita.caraway@maryland.gov

Mr. Chandler (443) 220-8959
Recruiting and Admissions
kelvin.chandler@maryland.gov



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APPLICANT'S CHECKLIST

APPLICANT'S NAME: _____ DATE: _____

_____ **Cadet Application:** The applicant must complete the Student's Application to include the essay. Be sure to fill out all blanks completely. Please do not use abbreviations. All forms must be signed by both the applicant and the parent or guardian. (page 3-6) (Fill in the blocks)

_____ Must send in the orientation registration form to reserve your seat.

Additional Items Need:

_____ **Copy of your IEP or 504 Plan – if applicable**

_____ **Clear Copy of State of Maryland Driver License or State of Maryland I.D. Card:** Both are available at the Department of Motor Vehicles Administration (MVA). Call the MVA to find out what documentation is required. **(Mail Clear Copy Do Not Fax)**

_____ **Clear Copy of Social Security Card:** If you have lost the card; forward a copy of your request to the Social Security Administration for a replacement card (the form must indicate your social security number). **(Mail Clear Copy Do Not Fax)**

_____ **Clear Copy of Birth Certificate:**

If any question please call 410-440-0692 or 443-220-8959

****Please bring this application with you to your orientation****

Notes:

- Must complete Applicant's Application and bring it with you to Orientation Briefing
- After the Orientation Briefing the applicant and their parent/guardian will be interviewed by FCA staff members.
- You will receive the admissions, mentor and medical applications to have completed.
- All the Admissions, Mentor and Medial Application forms must be turned in at the pre-in-processing. You will receive a date for Pre-in-processing if you are accepted in FCA.
- Do not fax or mail paperwork



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Cadet Application Form

Applicant's email address: _____

Social Security Number: _____ Place of Birth: _____

Last Name: _____ First Name: _____

Middle Name: _____ JR SR I II III US Citizen (Circle One): ___ Yes ___ No

Date of Birth: _____ Current Age: ___ Gender (Circle One): ___ Male ___ Female

Ethnicity (Circle One): ___ American Indian/Alaskan Native

___ Asian/Pacific Islander ___ Black not of Hispanic Origin

___ Hispanic ___ Other ___ White not of Hispanic Origin

Married (Circle One): ___ Yes ___ No Does Applicant have any children? (Circle One) ___ Yes ___ No

Parent/ Guardian Information

Relationship: (Circle One) Grandparent, Legal Guardian, Other, Parent, Sibling, Spouse, Stepparent

Circle One: ___ Mr. ___ Mrs. ___ Ms. Email address _____

Last Name: _____ First Name: _____

Middle Name: _____ JR ___ SR ___ I ___ II ___ III

Home Phone: (____) ____-____ Work Phone: (____) ____-____, ext.: _____

Pager: (____) ____-____ Cell: (____) ____-____

Authorized for Pick-up (Circle One): ___ Yes ___ No

Custodial Parent /Legal Guardian (Circle One): ___ Yes ___ No

Emergency Contact Person (Circle One): ___ Primary ___ Secondary ___ No

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

APPLICANT RESIDES AT THIS ADDRESS? YES _____ NO _____



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Other Parent / Guardian Information

Relationship: (Circle One) Grandparent, Legal Guardian, Other, Parent, Sibling, Spouse, Stepparent

Circle One: Mr. Mrs. Ms. Email address _____

Last Name: _____ First Name: _____

Middle Name: _____ JR SR I II III

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____, ext.: _____

E-mail: _____ Pager: (____) _____ - _____ Cell: (____) _____ - _____

Authorized for Pick-up (Circle One): Yes No

Custodial Parent Legal Guardian (Circle One): Yes No

Emergency Contact Person (Circle One): Primary Secondary No

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

APPLICANT RESIDES AT THIS ADDRESS? YES _____ NO _____

Cadet Juvenile Justice Background / DJS Background Information

Must send copies of the charges with the application.

Have you ever been arrested for anything other than a traffic violation? Yes No

If yes, explain: _____

Have you ever been in front of a judge? Yes No

If yes, explain: _____

Are you currently under a DJS Program, if so please provide contact information? Yes No

Probation officer: _____ Phone: (____) _____ - _____

Are you awaiting trial? Yes No

If yes, explain: _____

Are you currently on supervised probation, house arrest, or in-home detention?

If yes, explain: _____

Were you ever convicted of a felony or was adjudication withheld? Yes No

If yes, explain: _____



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Cadet School Information

Date entered into United States High School System _____ Date entered into 9th Grade _____

Date Last Attended: _____ What was the last grade completed? __ 6 __ 7 __ 8 __ 9 __ 10 __ 11

How many credits do you have towards graduation? _____

Do you plan on returning to high school? ____ Yes ____ No (16 & 17 year olds)

School Name: _____

School Mailing Address: _____

Were you expelled or did you withdraw? ____ Expelled ____ Withdrawn _____ Dates

Explain: _____

Do you have an Individual Education Plan (IEP)? (Circle One): Yes No *(If yes, forward your copy)*

Does your student have a learning disability? If Yes, Explain _____

Cadet Employment

Have you ever been employed? ____ Yes ____ No

Where? _____

Have you ever been under employed (paid under minimum wage)? ____ Yes ____ No

Where? _____

Cadet Miscellaneous

*How did you find out about the Freestate Challenge Academy? _____

Who referred you? Last name: _____ First Name: _____

