

Maryland Freestate ChalleNGe Academy Graduate's Monthly Report

Graduate's Name: _____ Phone: _____ Month of the report: _____

Address: _____ Email address: _____

Do you have a Facebook account? _____ Facebook name: _____

ARE YOU GOING TO SCHOOL? YES _____ NO _____

School Name:	
Location (city)	
Type of School	High School College 2 or 4 Year Adult Other: _____
Date Enrolled:	
DID YOU EARN A DIPLOMA, CERTIFICATE, OR GED? Yes _____ No _____	

ARE YOU WORKING OR VOLUNTEERING? YES _____ NO _____

Employer:	Hourly Wage:
Location:	Supervisor:
Occupation:	Phone Number:
Date of Hire:	Date Terminated:
Full or Part Time:	Hours:

HAVE YOU ENTERED INTO THE MILITARY? YES _____ NO _____

Branch of Service Army _____ Navy _____ Marines _____ Air Force _____ Coast Guard	
ACTIVE _____ RESERVE _____ NATIONAL GUARD _____	
Enlistment Date:	Discharge Date:
Delayed Entry Date:	Notes:

____ Attach a copy of your pay stub, along with employer's name and address and phone number.

____ Attach a copy of military orders to Basic Training or enlistment papers

____ Attach a copy of continuing education bill or copy of the your class schedule

All reports are due by the 5th of each month to your case manager.

Graduate's Signiture: _____ Date _____

DATE REPORT TAKEN: _____ SPOKE WITH: _____

WAS THIS REPORT TAKEN BY: _____ PHONE _____ EMAIL _____ IN-PERSON _____ FACEBOOK

VERIFIED WITH: _____

FCA STAFF MEMBER _____ DATE ENTERED IN DATABASE: _____