Freestate ChalleNGe Academy Applicant’s Application Form
8775 Glory St. Bldg. E4230 P.O. Box 176 APG Edgewood Area Gunpowder, Maryland 21010
Office 410-436-3294 or 410-440-0692

Applicant’s Application:

Eligibility Criteria
• Applicant is a high school drop-out, or is in danger of dropping out
• 16 -18 Years old at the start of class
• Free of illegal drugs when the class starts
• 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
• Volunteer - willing to give the program a try
• Physically and mentally capable to complete the program
• Must attend orientation and be interviewed

The purpose of the Maryland Freestate ChalleNGe Academy 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 We serve unemployed or underemployed youth who have withdrawn from high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.

Please 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.Freestatemil.maryland.gov or contact a Freestate Recruiter listed
below.

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

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

Mrs. Lewis (410) 440-0692  Mr. Brown (410) 436-3294
Recruiting and Admissions  Recruiting and Admissions
anita.lewis@maryland.gov  jonathon.brown@maryland.gov
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APPLICANT’S CHECKLIST

APPLICANT’S NAME: ____________________________  DATE: __________________

___ Complete and fax or email the orientation registration form to reserve your seat.

___ Cadet Application: The applicant must complete the Application to include the essay. Be sure to fill out all blanks completely. Please do not use abbreviations. Where requested, all forms must be signed by both the applicant and the parent or guardian. (Fill in the blocks)

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

Notes:

- Must complete the Applicant’s Application, and bring it with you to the Orientation Briefing
- After the Orientation Briefing, the applicant and their parent/guardian will be interviewed by FCA staff members.
- You will receive additional forms to have completed when you attend your scheduled orientation.
- Do not fax or mail paperwork

If you have any question please call 410-440-0692 or 410-436-3294
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<table>
<thead>
<tr>
<th>Cadet Application Form</th>
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</thead>
</table>

**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  

<table>
<thead>
<tr>
<th>Parent/ Guardian Information</th>
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</thead>
</table>

**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  

**Street Address:** ________________________________  

**City:** ________________________________  

**State:** _____________  

**Zip:** _____________  

**County:** ________________________________  

**APPLICANT RESIDES AT THIS ADDRESS?** YES_______ NO_______
Other Parent / Guardian Information or Second Contact Person

<table>
<thead>
<tr>
<th>Relationship: (Circle One)</th>
<th>Grandparent, Legal Guardian, Other, Parent, Sibling, Spouse, Stepparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle One:</td>
<td><strong>Mr. ___ Mrs. ___ Ms.</strong>_ Email address __________________________________</td>
</tr>
<tr>
<td>Last Name:</td>
<td>___________________________ First Name: ________________________________</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>___________________________ JR SR I II III _____________________________</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>(__<strong>) <em><em><strong><strong>-</strong></strong></em>  Work Phone: (</em></strong>_) <strong><strong><strong>-</strong></strong></strong>, ext.: ___________</td>
</tr>
<tr>
<td>E-mail:</td>
<td>_________________________  Pager: (<strong><strong>) <strong><strong><strong>-</strong></strong></strong>  Cell: (</strong></strong>) <strong><strong><strong>-</strong></strong></strong></td>
</tr>
</tbody>
</table>

Authorized for Pick-up (Check One): ___Yes ___ No

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

Emergency Contact Person (Check One): ___Primary ___ Secondary ___ No

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 you 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: _______________________
________________________________________________________________________________

Applicant Page 5
In 150 words or less, tell us why you should be accepted into the Freestate ChalleNGe Academy. Describe your goals for the future, and how this program will help you to achieve these goals. Attach extra paper if necessary. MUST BE WRITTEN BY THE APPLICANT (child).

_________________________________________________________________________________
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THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES TO MY APPLICATION INFORMATION TO THE FREESTATE CHALLENGE ACADEMY. I UNDERSTAND THAT MY ACCEPTANCE INTO THE ACADEMY IS CONTINGENT UPON THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

APPLICANT’S SIGNATURE ___________________________ DATE _____________

PARENT/GUARDIAN’S SIGNATURE ___________________________ DATE _____________