



## TEXAS CHALLENGE ACADEMY APPLICATION PACKET

RECLAIMING THE POTENTIAL OF AT-RISK YOUTH THROUGH EDUCATION, TRAINING,  
MENTORING AND SERVICE TO THE COMMUNITY.

### A Youth Education Program of the Texas National Guard

Texas Challenge Academy  
ATTN: Admissions  
Camp Mabry, Bldg 31  
2200 W. 35th Street Austin,  
Texas 78703  
1-877-822-0050 (Toll Free)  
<https://www.texaschallengeacademy.com>

| APPLICANT INFORMATION (PLEASE PRINT)   |             |                                |                                  |
|--|-------------|--------------------------------|----------------------------------|
| Last Name:   | First Name: | Middle:                        |                                  |
| DOB:(mm/dd/yyyy)   | SSN:        | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
| Street:  |             | City:                          |                                  |
| County:  | State:      | Zip Code:                      |                                  |
| Parent's Cell Phone:   |             | Additional Phone:              |                                  |
| Parent's Home Phone:   |             | Parent's Email:                |                                  |
| Ethnicity:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> American Indian/Alaskan Native</div> <div style="width: 33%;"><input type="checkbox"/> Asian</div> <div style="width: 33%;"><input type="checkbox"/> Black (Not of Hispanic Origin)</div> <div style="width: 33%;"><input type="checkbox"/> Hispanic or Latino</div> <div style="width: 33%;"><input type="checkbox"/> Caucasian</div> <div style="width: 33%;"><input type="checkbox"/> Native Hawaiian or Pacific</div> <div style="width: 33%;"><input type="checkbox"/> Multiracial</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div> |             |                                |                                  |
| What is your family's income? (for statistical purposes only)<br><br><input type="checkbox"/> \$0-\$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$25,000 – \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> More than \$45,000  |             |                                |                                  |
| Parent/Legal Guardian Name:  |             |                                |                                  |
| Parent/Legal Guardian Address (If Different than Applicant):   |             |                                |                                  |
| TCA Recruiter Name:  |             | How Did You Hear About TCA:    |                                  |

## MANDATORY ELIGIBILITY REQUIREMENTS

☐ Yes ☐ No Will you be 16-18 years old when the class starts? You must be 16 years old to apply to TCA and you must be 18 years old or younger on the first day of the class.

☐ Yes ☐ No Are you a US citizen or a legal resident of the United States and a resident of Texas?

☐ Yes ☐ No Do you have a high school diploma or a GED?

☐ Yes ☐ No Have you ever been detained, ticketed or arrested for any offense by any law enforcement Agency? If you answered yes, you must bring all court documents and any probation information to the screening.

☐ Yes ☐ No Are you currently employed? If yes, please answer the following:

Number of hours per week:  Hourly Wage:

☐ Yes ☐ No Are you free from the use of illegal drugs and/or illegal substances? Applicants selected to attend TCA must agree to voluntary drug testing. TCA is not a drug or substance abuse rehabilitation program. A failure of any drug test will result in dismissal from the program – **no exceptions**.

☐ Yes ☐ No Are you physically and mentally capable of participating in the program? Reasonable accommodations will be made for identified disabilities. TCA is not a therapeutic counseling program or mental health treatment facility.

**\*NOTE\***

**If the applicant has ever been admitted to a treatment facility for; mental health, substance abuse or behavior then you must bring the discharge summary to the screening for each time they were treated at one of the aforementioned facilities.**

## ADDITIONAL CONTACT INFORMATION

|   |           |             |  |
|---|-----------|-------------|--|
| Last Name:  |           | First Name: |  |
| Street:   |           | Home Phone: |  |
| City  |           | Cell Phone: |  |
| State:  | Zip Code: | Email:      |  |
| Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grand Parent Other: _____ |           |             |  |

|   |           |             |  |
|---|-----------|-------------|--|
| Last Name:  |           | First Name: |  |
| Street:   |           | Home Phone: |  |
| City  |           | Cell Phone: |  |
| State:  | Zip Code: | Email:      |  |
| Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grand Parent Other: _____ |           |             |  |

# Texas Challenge Academy Application Checklist

## Required Documents (Bring to the Interview)

- |  |   |
|--|---|
| <input type="checkbox"/><br><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Cadet Application and Medical Screening Forms (Pages 1-6)<br><b><u>Provide copies of the following: (if applicable)</u></b><br>Copy of Social Security Card<br>Copy of Psychological Discharge Summaries for In-Patient Treatment for Substance Abuse, Mental Health or Behavior<br>Copy of the Current Individual Education Plan (IEP)/FIE or 504 Plan<br>Copy of Arrest Record/Court Documents/Probation Information for all resolved or pending offenses |
|--|---|

## Additional Required Documents (Send to Campus after the Interview)

- |  |   |
|--|---|
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Copy of US Birth Certificate or INS Proof of Permanent Residency Card (I-551)<br>Copy of TX State Identification Card/Driver's License, Military ID or Passport (not a student ID)<br>Copy of Unofficial School Transcripts from Last School Attended (not a report card)<br>Copy of Immunization Record<br>Copy of Front and Back of Medical Insurance Card (applicants are required to have medical insurance)<br>Sports Physical/TCA Medical Form 1 (within 6 months of class start date)<br>Mentor Information Packet |
|--|---|

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE: In processing your application, there may be a need to confirm or clarify personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application.

Applicant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current County Applicant Lives: \_\_\_\_\_

Other Texas Counties Applicant has Lived: \_\_\_\_\_

I hereby authorize the State of Texas, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Texas Challenge Academy (TCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the TCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the federal or state confidentiality laws or regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. TCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment." FERPA protects the confidentiality of student record to some extent while giving students the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the TCA.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# TCA Medical Screening Forms

PLEASE COMPLETE PAGES 4, 5 & 6.

The Texas ChalleNGe Academy training is physically demanding. Physical training will include strenuous activities such as:

1. A daily run of one or more miles on a hilly course.
2. Daily vigorous exercises such as push-ups, pull-ups, sit-ups and other calisthenics.
3. A ropes/obstacle course during which cadets may:
  - a. Climb a pole and then leap from the pole to grab a trapeze involving a slight jerk to the arms and shoulders.
  - b. Two cadets facing each other on V-shaped tight ropes 20-30 feet in the air, with hands interlocked above their heads sidestepping across the foot line.
  - c. Climb a 15-foot wall while being assisted by other cadets to get up, over and down the wall.
  - d. A "zip line," with an abrupt stop at the bottom.

This examination is for determining the applicant's fitness to engage in strenuous activities as outlined above. The exam must be performed with **six (6) months** of the first day of the class start date. A high school sport's physical completed with 6-months of the class start date is satisfactory.

FILL OUT THE FORM COMPLETELY AND ACCURACTELY. EVERY LINE MUST BE COMPLETED.  
IF A QUESTION IS NOT APPLICABLE (USE N/A)

Any questions concerning this examination or the applicant's ability to participate may be directed to TCA Staff at 877-822-0050. All applicants must have a vision exam completed prior to acceptance.

Last Name (Applicant): \_\_\_\_\_ First Name (Applicant): \_\_\_\_\_

Are you currently using any **prescribed** medications?

☐

YES

☐

NO

If yes, please list all medications.

| Medication: | Why Taking? | How Long? |
|-------------|-------------|-----------|
|             |             |           |
|             |             |           |
|             |             |           |
|             |             |           |
|             |             |           |

Last Name (Applicant): \_\_\_\_\_ First Name (Applicant): \_\_\_\_\_

Are you allergic to any medications, foods or other agents such as bee stings, wool etc.? ☐ YES ☐ NO  
If yes, please list the agent and the reaction.

| Allergen: | Reaction: | Treatment? |
|-----------|-----------|------------|
|           |           |            |
|           |           |            |
|           |           |            |
|           |           |            |

Have you ever been admitted to a hospital for substance abuse, mental health or behavior? ☐ YES ☐ NO  
If yes, please list the date, hospital and reason for treatment.

You must also provide a discharge summary for each case of inpatient care.

| MO/YR | Hospital | Treatment? |
|-------|----------|------------|
|       |          |            |
|       |          |            |
|       |          |            |
|       |          |            |
|       |          |            |

|   |   |  |   |                                 |  |
|---|---|--|---|---------------------------------|--|
| <b>Have you ever been treated for:</b>  |   |  |   |                                 |  |
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Depression                      | <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> ODD    | <input type="checkbox"/> Obsessive Compulsive Disorder             |
| <b>Suicide Attempt(s)?</b>  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, date: _____                       |                                 |  |
| <b>Rehab for Drug or Alcohol Abuse:</b>   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, date: _____                       |                                 |  |
| <b>Have you ever used?</b>  |   |  |   |                                 |  |
| <input type="checkbox"/> Marijuana  | <input type="checkbox"/> Crack            | <input type="checkbox"/> Cocaine                         | <input type="checkbox"/> Heroin           | <input type="checkbox"/> Xanax  | <input type="checkbox"/> Ecstasy <input type="checkbox"/> Spice/K2 |
| <b>Alcohol of Choice</b>  |   | <input type="checkbox"/> Beer                            | <input type="checkbox"/> Wine             | <input type="checkbox"/> Liquor |  |
| <b>Do you smoke or use tobacco products?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      How Often? _____ |   |  |   |                                 |  |

Last Name (Applicant): \_\_\_\_\_ First Name (Applicant): \_\_\_\_\_

Do you have or have you ever been treated for any of the following:

|     | NO | YES |                                     |     | NO | YES |                                       |
|-----|----|-----|-------------------------------------|-----|----|-----|---------------------------------------|
| 1.  |    |     | Headaches, Migraines or Clusters    | 23. |    |     | Diabetes/Hypoglycemia                 |
| 2.  |    |     | Severe Head Injuries                | 24. |    |     | Thyroid Problems                      |
| 3.  |    |     | Loss of Consciousness               | 25. |    |     | Kidney/Urinary Problems               |
| 4.  |    |     | Seizures/Convulsions                | 26. |    |     | Intestinal Problems                   |
| 5.  |    |     | Heart Disease/Murmurs/Irregular HB  | 27. |    |     | Bedwetting (since age 14)             |
| 6.  |    |     | Chest Pain                          | 28. |    |     | Severe Acne                           |
| 7.  |    |     | High Blood Pressure                 | 29. |    |     | Frequent Stomach aches/Ulcers/Reflux  |
| 8.  |    |     | Circulation Problems                | 30. |    |     | Staph Infection                       |
| 9.  |    |     | Anemia/Sickle Cell/Blood Disorder   | 31. |    |     | Athletes Feet/Skin Fungus             |
| 10. |    |     | Unexplained Sweating                | 32. |    |     | Cold/Heat Intolerance                 |
| 11. |    |     | Dizziness/Fainting Spells           | 33. |    |     | Allergies                             |
| 12. |    |     | Neck and/or Back Problems           | 34. |    |     | Tuberculosis/Positive TB Test         |
| 13. |    |     | Scoliosis                           | 35. |    |     | Depression/ADHD/Bipolar               |
| 14. |    |     | Muscle Cramps                       | 36. |    |     | Mental Illness/Psychological Disorder |
| 15. |    |     | Pins/Screws/Rods                    | 37. |    |     | Hearing Impairment                    |
| 16. |    |     | Flat Feet                           | 38. |    |     | Communicable Diseases                 |
| 17. |    |     | Broken Bones                        | 39. |    |     | Adverse Reaction to Drugs             |
| 18. |    |     | Arm/Shoulder Problems               |     |    |     | <b>FEMALES ONLY:</b>                  |
| 19. |    |     | Hip/Knee/Ankle/Foot Problems        | 40. |    |     | Heavy or Difficult Menstrual Cycle    |
| 20. |    |     | Wheezing/Asthma/Shortness of breath | 41. |    |     | Untreated Abnormal Vaginal Discharge  |
| 21. |    |     | Anorexia/Bulimia                    | 42. |    |     | Are you Pregnant?                     |
| 22. |    |     | Hepatitis/Liver Problems            |     |    |     |                                       |

**All yes responses must be explained by number. You may use the back of this page if necessary.**

---

---

---

---

---

---

---

---

---

---

---

---