



APPLICATION FOR ADMISSION

Required Documents Checklist

- ☐ Illinois State I.D. or Driver's License
 - ☐ Birth Certificate
 - ☐ Immunization (Shot Records)
 - ☐ Social Security Card
 - ☐ Completed Mentor Application (Notary Stamp Required)
 - ☐ All signatures and notary stamps are complete
- (Pages: 2, 5, 9, 10, 11, 12, 13, 17, 19)

Additional Documents Checklist - If Applicable

- ☐ Medical Insurance Card/Information
- ☐ High School Transcripts (unofficial accepted)
- ☐ Individualized Education Program (IEP)
- ☐ School withdrawal slip (If possible - not needed until after Acclimation)
- ☐ Cadet Visitation & Sign-Out Authorization Form (Page 19)

Every applicant will need to schedule the following with their local recruiter:

Orientation Date: _____ Time: _____

Interview Date: _____ Time: _____

Connect with Lincoln's ChalleNGe Academy



www.lincolnschallenge.org



www.facebook.com/LincolnsChallenge



www.instagram.com/LincolnsChallengeAcademy



Lincoln's ChalleNGe Academy

Application for Admission



NOTE: DO NOT complete this application if you have previously applied for or have been accepted into Lincoln's Challenge Academy. Please Call 1-800-851-2166 and request a Petition for Reinstatement.

PRINT CLEARLY IN INK OR TYPE

Please use complete legal names, not nicknames or aliases. Some fields contained in this document, such as signatures, will require you to print.

Social Security Number	Last Name		First Name		Middle Initial
Birthdate: (MM/DD/YYYY)	Age	Gender		Suffix (Jr, Sr, III)	Marital Status
		Male <input type="checkbox"/> Female <input type="checkbox"/>			Single <input type="checkbox"/> Married <input type="checkbox"/>
Ethnicity: (Voluntary; for statistical use only)					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Hispanic, Non-English Speaking			
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Native Hawaiian			
<input type="checkbox"/> Black, not Hispanic origin		<input type="checkbox"/> White, not of Hispanic origin			
<input type="checkbox"/> Hispanic, English Speaking		<input type="checkbox"/> Other			
Telephone Numbers:					
Residence: _____		Work: _____			
Cell: _____		Alternate: _____			
Permanent Home Address:					
Street: _____		Apartment #: _____		County: _____	
City: _____		State: _____		Zip: _____	

LINCOLN'S CHALLENGE DOES NOT PROVIDE DAY CARE FOR DEPENDENTS. INDIVIDUALS MUST ARRANGE FOR PROPER AND SAFE CARE OF DEPENDENTS IF ACCEPTED INTO LINCOLN'S CHALLENGE ACADEMY.

Citizen/Visa Status:

☐ U.S. Citizen OR Visa Number: _____

State of Illinois Identification Card or Driver's License Number:

#: _____ Expiration Date: _____

Students must have a valid state of Illinois ID or Driver's License to attend. A readable photocopy of the card must be attached to the application.

FOR OFFICE USE ONLY

STATE REPRESENTATIVE: _____ **STATE SENATOR:** _____ **US REPRESENTATIVE:** _____

Upon Completion send to:

PART (B): PARENTAL / GUARDIANSHIP VERIFICATION

I / We certify that (Enter name of applicant) _____, has no other legal guardian, other than **me / us** and proof of legal guardianship is attached. (*Birth Certificate, Divorce Decree, Custodial Court Order*). **MY CHILD IS / IS NOT UNDER DCFS GUARDIANSHIP. I / We** understand, that in the event legal guardianship should change during **his /her** enrollment in the Academy, **I / We** will immediately contact the Lincoln's Challenge Academy of such change and provide supporting documentation as such.

Print Name of Legal Guardian

Print Name of Legal Guardian

Guardian's Relationship to Applicant

Guardian's Relationship to Applicant

Street Address

City, State, Zip

Street Address

City, State, Zip

Phone: _____ Work Cell/Home

Phone: _____ Work Cell/Home

Work Hours: _____

Work Hours: _____

E-Mail: _____

E-Mail: _____

Part (C) CANDIDATE UNDERSTANDING AND RELEASE OF LIABILITY, AND CONSENT FOR DRUG TEST

I (STUDENT NAME)

(Last Name

First

MI)

an applicant applying for the Illinois National Guard Lincoln's ChalleNGe Academy at Rantoul, Illinois, hereby certify that in consideration of my being allowed to participate in the Lincoln's ChalleNGe Academy:

1. That I agree to fully participate in all aspects of the Lincoln's ChalleNGe Academy.
2. That the Academy has been explained to me and I fully understand and support the Academy, curriculum, and the activities involved in the Academy.
3. That I fully understand and accept the risks to me from my participation in the above Academy and activities, including the possibility of sports injuries, illness, accidents while traveling in vehicles or aircraft, or injury while participating in community projects or any other activities deemed proper by the Academy Director.
4. That I give permission for the Academy staff to conduct inspections and/or searches of my personal property and belongings as determined necessary by the Academy Director. Furthermore, I agree to abide by the student "Standards of Conduct" and "Code of Honor" and consent to any disciplinary measures which may be imposed, which may include loss of privileges, loss of monetary stipends, and/or expulsion from the Academy.
5. That for acceptance into the Lincoln's ChalleNGe Academy, I must be **DRUG-FREE**.
6. That I will be tested for illegal drugs NO LATER than the first weekend of the Resident Phase of the Academy.
7. That I may be randomly tested for illegal drugs at ANY TIME during the Resident Phase of the Academy.
8. That I will be tested for illegal drugs during the final month of the Resident Phase of the Academy.
9. That I voluntarily consent to the above tests and testing Academy, and I understand and agree that if I test "positive" for illegal use of a controlled or illegal substance, that I will be discharged from the Academy.

FURTHERMORE, in consideration of my being allowed to participate in the Lincoln's ChalleNGe Academy, I hereby release and forever discharge the State of Illinois, its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to me which may occur from any cause arising out of my participation in the Illinois National Guard, Lincoln's ChalleNGe Academy.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____, 20 _____

**Parent/Legal Guardian Signature

**Parent/Legal Guardian Signature

Applicant Signature

****Both Parent(s)/ Legal Guardian(s) must sign if living with or having custody of the above named applicant .**

Given under my hand this _____ day of _____, 20 _____ .

Seal

Notary Public Signature



Lincoln's ChalleNGe Academy

Secondary Emergency Contact Information Form



In case of an emergency here at Lincoln's Challenge Academy please list two people to contact other than a guardian.

Applicant Information:

First Name: _____

Last Name: _____

First Contact:

First Name: _____

Last Name: _____

Relationship to Applicant: _____

Phone Number: _____ (Circle One) Cell Home Work

Alternate Phone Number: _____

E-Mail Address: _____

Second Contact:

First Name: _____

Last Name: _____

Relationship to Applicant: _____

Phone Number: _____ (Circle One) Cell Home Work

Alternate Phone Number: _____

E-Mail Address: _____

Applicant Goal Sheet

Applicant Name _____

Date _____

Name three realistic careers that may interest you

1. _____
2. _____
3. _____

Briefly describe your hobbies as they relate to these careers:

Explain where you want to live in the future:

How much money do you believe you will make with your career? _____

Define your personal idea of success:

Lincoln's Challenge Academy

Media Release Form

The following is consent for the media release of the applicant's likeness for the Lincoln's Challenge Academy marketing and information activities. This consent is for the primary purpose of promoting and informing others about Lincoln's Challenge Academy. The photographs, videos, and/or biographies of the applicant may be used in news releases, social media post, marketing materials (brochures, flyers, and posters), and informational materials with the intent to encourage the interest of at-risk youth, future employees, mentors, agencies, and organizations.

All is done in an attempt to generate interest and assistance in our program. This consent is voluntary; however, we need your assistance in promoting the academy's mission and activities. This information will only be used in a positive and meaningful manner. Your part in this endeavor is greatly appreciated.

- ☐ Yes, I consent to have the applicant photographed/ videoed and image reproduced for the purposes of promoting and informing others about Lincoln's Challenge Academy. This includes photos on the class Facebook page.
- ☐ No, I do not consent to have the applicant's photos used for these purposes. I acknowledge that the image/video may be taken during events or activities but understand it will not be released.

Signature



Date _____

Standard Form 181 Revised August 2005 Previous editions not usable42 U.S.C. Section 2000e-16 NSN 7540-01-099-3446 U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
<p>Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p>			
<p>Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. A person having origins in any of the black racial groups of Africa. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

SELF-IDENTIFICATION OF DISABILITY

(Please read the Privacy Act information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YYYY)	Social Security Number
------------------------------------	-------------------------	------------------------

Purpose:

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE →

Targeted Disabilities or Serious Health Conditions:

- 02- Developmental Disability, for example, autism spectrum disorder
- 03- Traumatic Brain Injury
- 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
- 20- Blind or serious difficulty seeing even when wearing glasses
- 31- Missing extremities (arm, leg, hand and/or foot)
- 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- 60- Partial or complete paralysis (any cause)
- 82- Epilepsy or other seizure disorders
- 90- Intellectual disability
- 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- 92- Dwarfism
- 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders

Other Options:

- 01- I do not wish to identify my disability or serious health condition.
- 05- I do not have a disability or serious health condition.
- 06- I have a disability or serious health condition, but it is not listed on this form.

Other Disabilities or Serious Health Conditions:

- 13- Speech impairment
- 41- Spinal abnormalities, for example, spina bifida or scoliosis
- 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
- 51- HIV Positive/AIDS
- 52- Morbid obesity
- 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis
- 80- Cardiovascular or heart disease
- 81- Depression, anxiety disorder, or other psychiatric disorder
- 83- Blood diseases, for example, sickle cell anemia, hemophilia
- 84- Diabetes
- 85- Orthopedic impairments or osteo-arthritis
- 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- 87- Kidney dysfunction
- 88- Cancer (present or past history)
- 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)
- 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia
- 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis
- 97- Liver disease, for example, hepatitis or cirrhosis
- 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs)
- 99- Endocrine disorder, for example, thyroid dysfunction

Definition

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

The Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

Privacy Act Statement

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.

Lincoln's Challenge Academy
Parent/Guardian Medication permission/agreement form

Applicant's Name _____ Date of Birth _____

I, _____ (parent/guardian) give permission to the LCA Medical Department staff to witness and administer prescription and over the counter medication necessary.

I also understand that it is **MY** responsibility to make certain that my child's prescription is refilled prior to medication supply depletion. If the applicant has not received their medication for 3 days, the Deputy Director/Director will be notified. I understand that the LCA medical department **MUST** receive all prescriptions in the appropriate labeled bottle from the pharmacy with the applicant's prescription number, medication dose, route, provider's name, phone number and NPI number clearly visible. All prescription medication must have a current date to be administered to the applicant.

List medication below: ☐ No medication is currently being taken

Medication	Dose	Diagnosis/Reason for medication	How long have you been taking the medication?

Have you stopped taking any prescription in the last 3 months? Yes ☐ No ☐ If yes, list medication below:

Medication	Diagnosis/Reason for medication	Why did you stop?

Do **NOT** discontinue medication prior to coming to LCA without healthcare provider's guidance.

Are you allergic to any medication, food, or agent such as a bee sting? If yes, explain _____

Signatures:

I certify that I have reviewed the above information, supplied by me and that it is current and truthful.

Parent/Legal Guardian printed name _____ Date ____/____/____

Parent/Legal Guardian Signature _____ Date ____/____/____

PART (A): PARENTAL UNDERSTANDING AND RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL CARE

I _____ am the parent/legal guardian of _____
(Last Name First MI) (Last Name First MI)

who is applying for the Illinois National Guard, Lincoln's ChalleNGe Academy at Rantoul, Illinois, hereby certify that in consideration for my child/ward being allowed to participate in Lincoln's ChalleNGe Academy:

1. That I permit my child/ward to be accepted into and fully participate in all aspects of the Lincoln's ChalleNGe Academy.
2. That the program has been explained to me and I fully understand and support the program, curriculum, and the activities involved in the program.
3. That I and my child/ward fully understand and accept the risks inherent in his/her participation in the above program and activities, including the possibility of sports injuries, illness, accidents while traveling in vehicles or aircraft, or injury while participating in community projects or any other activities deemed proper by the Academy Director.
4. That I give permission for the Academy staff to maintain discipline in the Academy by imposing disciplinary measures upon my child.

FURTHERMORE, in consideration of my child/ward being allowed to participate in the Illinois National Guard Lincoln's ChalleNGe Academy, I hereby release and forever discharge the State of Illinois, its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to my child/ward which may occur from any cause arising out of his/her participation in the Illinois National Guard Lincoln's ChalleNGe Academy. I also agree to indemnify and hold harmless the State of Illinois, its officers, agents, and employees, from any and all liability or cause of action which may arise from my child's/ward's participation in this program.

Medical Consent

I am responsible for the above-named applicant's medical care and any incurred medical costs, and if she/he is accepted into the Academy as a Cadet, I DO HEREBY consent in advance to whatever emergency treatment, x-ray, examinations, anesthesia, diagnostic procedure, or medical treatment is considered necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named applicant during his/her attendance at the above Academy. In the event of any illness or injury, I authorize the Academy Director to execute consent for any and all such medical treatment, and I understand that reasonable efforts will be made to immediately notify me.

Parent/Legal Guardian Signature

Date ____/____/____

I/We **DO** _____ **DO NOT** _____ possess medical insurance for payment of any incurred medical costs. If yes, please provide the following information: (Note: Lack of insurance will not prohibit acceptance.)

_____ Medical Insurance Company Name	_____ Policy Number	_____ Insurance Company Phone Company	
_____ Medical Insurance Company Address	_____ City	_____ State	_____ Zip



Lincoln's ChalleNGe Academy

'Change takes Courage'



Education Department

While in attendance at LCA, you will be offered one of the following academic tracks:

Track I - GED

Cadets will attend classes for approximately 4 hours per day for the subjects that are scheduled and take a series of four tests (Reading/Language Arts - Social Studies - Science - Mathematics). The goal of this educational track is to receive the General High School Equivalency Diploma. There are multiple test taking opportunities during the Residential and Post-Residential Phases of this program.

Track II - CREDIT RECOVERY [Return to High School]

Cadets who are 15-17 yrs of age, and have a desire to go back to their high school after graduating LCA can request to be enrolled in Credit Recovery. CR is a self-paced, 100% online classroom environment that you attend in the CR Lab. You have to be able to work independently and keep up with your lessons, quizzes, etc. Credit Recovery helps you recover credits while you are enrolled at Lincoln's ChalleNGe Academy.

Please select which Educational Track you will be completing during the residential phase of the program:

GED ☐ Credit Recovery ☐ High School Diploma ☐
(must be in senior year to qualify)

Please select Vocational Interests:

- | | |
|---|--|
| <input type="checkbox"/> American Heart Association - Certification for CPR | <input type="checkbox"/> Forklift Entry-level Certification |
| <input type="checkbox"/> American Red Cross - CNA | <input type="checkbox"/> GAF Roofing Entry-level Certification |
| <input type="checkbox"/> Auto Technology | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Driver's Education | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Food Handling Restaurant Certification | |

If any additional information is needed regarding the best Educational Track, please contact the Chief Educational Officer at 217-761-1313.

Applicant Name: _____ **(Printed)**

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



Student Information Request Form



Name of High School: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Registrar:

Please send official copies of my Withdrawal Information (Drop Slip or letter stating that the school recommends youth's attendance at Lincoln's Challenge Academy), Illinois/Federal Constitution Requirements, Standardized Achievement Test results, general course completion, official transcript, Child Health Examination Form, Psychological Evaluations, IEP/504 documentation, and their current medical physical to:

Lincoln's Challenge Academy
Registrar (217) 761-1305
212 W Borman Ave.
Rantoul, IL 61866

My personal information is as follows:

First Name: _____

SSN: _____

Last Name: _____

Middle Initial: _____

Address: _____

City: _____

Zip: _____

Student Signature: _____

Dates Attended: From: _____

To: _____

This request is valid for one year from the date on this form.

Judicial Involvement

IMPORTANT: If you answer YES to any of the following questions, you must complete the "Explanation of Judicial Involvement" section below.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested, apprehended, charged, cited or held by Federal, State, or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed, or you were found not guilty?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted, fined by, or forfeited bond to Federal, State, or other judicial authorities, or been adjudicated a youthful offender, or juvenile delinquent regardless of whether the record in your case has been "sealed" or otherwise stricken from the record?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been detained, held in or served time in any jail, prison, reform or industrial school, juvenile facility or institution of any City, State, Federal, or foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently a ward of the court; or are you now under suspended sentence, parole, or probation; or are you awaiting sentencing or other action on criminal/civil charges against you?

Explanation of Judicial Involvement(s)

Date of offense: (MM/DD/YYYY)	Nature of offense or violation	Location of offense (City & State)	Name & Location of Court	Disposition or penalty imposed

If applicable:

<p>_____ (Probation Officer name)</p>	<p>Telephone Number: _____</p>
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* Please acquire and complete the probation form from your recruiter

If applicable:

<p>_____ (DCFS Caseworker name)</p>	<p>Telephone Number: _____</p>
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CERTIFICATION: I understand that withholding information requested on this application or giving false information may make me ineligible for admission into the program or subject to dismissal. With this in mind, I certify that the above statements are correct and to the best of my knowledge. I further understand that this application will be returned if I have not provided all information necessary for the application process. I fully understand that the Illinois National Guard Lincoln's Challenge Academy will be physically and mentally challenging. I have read the application packet and voluntarily accept the challenge. At this time, I am in good health, drug-free, and do not have an alcohol problem. I also hereby authorize state, county, or city police authorities to release any and all information from any criminal history or juvenile courts which it might have concerning me to the Illinois National Guard, State of Illinois, solely to determine my suitability for acceptance into the Lincoln's Challenge Academy. I certify that state, county, or city police authorities, and their officers or employees who furnish such information concerning me, shall not be held liable for giving this information, and I do hereby agree to release from liability and save any police authority and it's officers and employees from any and all liability which may be incurred as a result of the releasing of such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature.

Signature of Applicant:

Signature of Parent/Guardian:

Date

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Lincoln's ChalleNGe Academy



Applicant Questionnaire

To be completed by Applicant

Personal Information

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

Age: _____ Date of Birth: _____
(MM/DD/YYYY)

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

Home Phone Number: _____ Emergency Phone Number: _____

Legal Guardian First Name: _____ Legal Guardian Last Name: _____

Who do you live with?

First Name: _____ Last Name: _____ Relationship: _____
(example: mother, father etc.)

First Name: _____ Last Name: _____ Relationship: _____
(example: mother, father etc.)

School Information

Last School Attended: _____ Last Grade Completed: _____ Last Date Attended: _____
(MM/DD/YYYY)

DIRECTIONS: Applicants, please answer the following questions honestly and as completely as possible.
(Giving false information or withholding information will disqualify you.) (Y = Yes / N = No)

1. Why did you leave the last school you attended? _____

2. Do you currently have an Individual Education Plan (IEP)? Y ☐ N ☐
3. How many times have you been suspended in the last year? _____ What were the reasons? _____

4. Do you want to attend the Lincoln's Challenge Academy until the end of the program? Y ☐ N ☐
5. Have you applied to attend LCA (Lincoln's Challenge Academy) before? Y ☐ N ☐
6. Have you attended LCA before? Y ☐ N ☐ If yes, when? _____
7. Who suggested that you apply to LCA? _____
8. How did you find out about this program? _____
9. Have you been employed or are you currently employed? Y ☐ N ☐ If so, when? _____
10. Are you unemployed (no job) **OR** do you have a job working too few hours (less than 30hrs/week)? Y ☐ N ☐

(Continued on next page)

11. How do you feel about sharing a bathroom and a room with other people from different ethnic backgrounds that you don't know? _____

12. How do you feel about losing all of your personal privileges?
(phone calls, internet, free time, TV, music, visitations, etc.) _____

13. Since fighting is against LCA Policy, what would you do if someone started a fight with you? _____

14. Do you use nicotine products? Y ☐ N ☐ Are you willing to give up nicotine products? Y ☐ N ☐

15. Do you have issues with needles for:

Immunizations? Y ☐ N ☐

Giving blood for physicals? Y ☐ N ☐

If YES for either, please explain: _____

16. Are you currently under a doctor's care (physician, dentist, etc.)? Y ☐ N ☐

If YES, please explain: _____

17. Do you have any physical limitations that may hinder you from fully participating in LCA? Y ☐ N ☐

If YES, please explain: _____

18. Do you have any medical concerns that we need to be aware of? Y ☐ N ☐

If YES, please explain: _____

19. Have you ever been admitted to the hospital? Y ☐ N ☐

If YES, when/where, and for what? _____

20. Have you had a dental check-up in the last twelve (12) months? Y ☐ N ☐

If NO, please have an examination prior to entry into LCA.

21. Have you ever had to see a Psychiatrist, Counselor or Therapist before? Y ☐ N ☐

If YES, when/where, and for what? _____

(a) Were you prescribed any medications as a result? Y ☐ N ☐

List medications prescribed: _____

(Continued on next page)

(b) Are you **currently** taking the medication prescribed? Y ☐ N ☐

If NO, please explain: _____

(c) Contact Information for Psychiatrist, Counselor or Therapist:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

22. Have you used any controlled substances? (marijuana, alcohol, pills) Y ☐ N ☐

If yes, what substance was used, how often, and when is the last time you used it? _____

Are you willing to be Drug Free? Y ☐ N ☐

23. Are you on or have you ever been on Probation or Parole? Y ☐ N ☐

Probation/Parole Officer Information:

Name: _____ Phone Number: _____

If applicable, for what reasons did you have a Probation/Parole officer? _____

24. Have you ever had to appear in court? Y ☐ N ☐

Explain: _____

25. What will the background check reveal about you that you have not already informed us about?

26. Have you ever been accused of a crime but were not arrested? Y ☐ N ☐

The answers and statements given by me in the above questionnaire are true. I understand that Lincoln's Challenge Academy is a drug free, voluntary, quasi military learning community that does not and will not tolerate fighting, violent or disrespectful behavior or the use of profanity. If selected, I will not indulge in any of the previous stated behaviors.

Applicant's Signature:

Date: _____

Clothing Sizes:

(Circle One)

Shirt: XS S M L XL 2XL 3XL 4XL 5XL

Waist: _____

Shoe Size: _____



Lincoln's ChalleNGe Academy

Cadet Visitation & Sign-Out Authorization



I _____
Last Name First Name MI

certify that I am the legal guardian of

Last Name First Name MI

Team _____. I Hereby authorize the following individuals to sign-out the aforementioned Cadet from the facilities, for the purpose of a pass, Sunday visitation or class breaks. The individuals listed below are responsible adults, at least 21 years old, known by me and will return the Cadet at the appropriate time.

I understand that the Cadet's visitation privileges may be suspended or revoked due to disciplinary reasons and during such time no visitation is allowed. I understand that policy limits the number of Authorized Individuals to five (5) persons, **excluding the Mentor and Legal Guardian(s).**

Legal Guardian Name(s): _____

Mentor's Name: _____

Other Authorized Visitor Names: (Only one name per line) **MUST BE 21 YEARS OR OLDER**

1. _____ Age: _____ Relationship: _____
2. _____ Age: _____ Relationship: _____
3. _____ Age: _____ Relationship: _____
4. _____ Age: _____ Relationship: _____
5. _____ Age: _____ Relationship: _____

IN WITNESS WHEREOF,

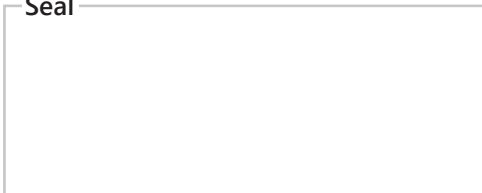
I have affixed my signature: _____
Signature of Legal Guardian(s)

Address: _____ Phone: _____

Notary Public Use: Do not write in this box unless instructed to do so.

I _____, a Registered Notary Public, certify that
_____, whose signature(s) appear on this document, personally
appeared before in my County and State and did then and there sign this document.

Seal



Given under my hand this day _____

of _____, 20 _____.

Signature of Notary Public

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Congratulations!

**You've made it to the end.
Here's a few tips to ensure your application is processed successfully.**

1

Review your Application before submitting to assure it is filled out in it's *entirety*, and that all signatures are signed, and pages that need a notary stamp are, in fact, notarized.

2

Send *legible* copies of all required documents. **DO NOT** send originals.

3

Scan + Email copies of all required documents to: Admissions@lincolnschallenge.org

-OR-



Admissions Office
212 W Borman Dr
Rantoul, IL 61866

We recommend Priority Mail, as it allows for tracking.



Lincoln's ChalleNGe Academy
212 W Borman Dr Rantoul, IL 61866
www.lincolnschallenge.org
Change takes Courage