

AUTHORITY: PUBLIC LAW 102-484

PRINCIPLE PURPOSE: TO DETERMINE WHETHER APPLICANT MEETS ELIGIBILITY CRITERIA FOR ACADEMY

ROUTINE USE: TO DOCUMENT INFORMATION ON APPLICANT WHICH MAY BE USED DURING SELECTION PROCESS; TO PROVIDE STATISTICAL DATA; AND FOR ROUTINE PERSONNEL MANAGEMENT ACTIONS IF APPLICANT IS SELECTED FOR ACADEMY.

DISCLOSURE IS VOLUNTARY; HOWEVER, FAILURE TO FURNISH INFORMATION WILL RESULT IN REJECTION OF APPLICANT.



Lincoln's ChalleNGe Academy

APPLICATION FOR ADMISSION

Upon completion send to: 205 Dodge Avenue, Rantoul, IL 61866

IMPORTANT: If you have previously applied or been accepted to Lincoln's ChalleNGe, do not fill out this application. Call 1-800-851-2166 and request a Petition of Reinstatement.

PRINT CLEARLY IN INK OR TYPE

1. SOCIAL SECURITY NUMBER _____

2. COMPLETE LEGAL NAME _____
(LAST NAME FIRST MIDDLE (SR, JR, III, etc))

3. BIRTHDATE: Month _____ Day _____ Year _____ 4. AGE _____ 5. SEX Male _____ Female _____

6. RACIAL/ETHNIC (voluntary; for statistical data only)

- _____ American Indian or Alaskan Native
- _____ Asian or Pacific Islander
- _____ Black, not of Hispanic Origin
- _____ Hispanic
- _____ Multiracial
- _____ Other
- _____ White, not of Hispanic Origin

7. CITIZEN/VISA STATUS (check one)

_____ U.S. Citizen
or

_____ Visa Number

8. TELEPHONE NUMBER(S) Residence Telephone Number (_____) _____

Work Telephone Number (_____) _____

9. PERMANENT HOME ADDRESS _____

Number and Street, Apt., R.R. or P.O. Box

City _____ State _____ Zip Code _____ County _____

10. *STATE OF ILLINOIS IDENTIFICATION CARD or DRIVER'S LICENSE NUMBER:

ID Number _____

Expiration Date _____

*STUDENTS MUST HAVE A VALID STATE OF ILLINOIS ID CARD OR DRIVER'S LICENSE TO ATTEND. A "READABLE" PHOTOCOPY OF THE CARD MUST BE ATTACHED TO THE APPLICATION!

11. MARITAL STATUS (check one) _____
Single Married Separated Divorced Widowed

12. CHILDREN _____ Number of Children

13.

****Name and Address of primary care provider of children (if applicable) during 5 months residency.**

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

IMPORTANT: If you answer YES to any of the following questions, you must provide a detailed written explanation below.

14. 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 or dismissed or you were found not guilty?
_____Yes _____No

15. Have you ever been convicted, fined by or forfeited bond to a 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 court record.)? _____Yes _____No

16. 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? _____Yes _____No

17. Are you currently a ward of the court; or are you now under suspended sentence, parole, probation; or are you awaiting sentencing or other action on criminal/civil charges against you? _____Yes _____No

a. Date (yy/mm/dd)	b. Nature of Offense or Violation	c. Place of Offense	d. Name & Location of Court	e. Penalty imposed or other other disposition in each case

If you currently have a DCFS Case worker, please provide his/her name and number below:

Case Worker: _____ Phone Number: () - _____

If you currently have a Probation/Parole Officer, please provide his/her name and phone number below:

Probation/Parole Officer Name: _____ Phone Number () - _____

18. CERTIFICATION: I understand that withholding information requested on this application or giving false information may make me ineligible for admission into the Academy or subject to dismissal. With this in mind, I certify that the above statements are correct and complete 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 this 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 court records 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 any such information concerning me, shall not be held liable for giving this information, and I do hereby agree to release from liability and save harmless any police authority and its officers and employees from any and all liability which may be incurred as a result of releasing 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.

APPLICANT SIGNATURE

PARENT 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 s/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, medical and/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.

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 Number _____
Medical Insurance Company Address _____	City _____	State _____ Zip _____

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.

_____ <i>Printed Name of Legal Guardian</i>	_____ <i>Printed Name of Legal Guardian</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>City, State, Zip Code</i>	_____ <i>City, State, Zip Code</i>
Home Number: _____	Home Number: _____
Work Number: _____	Work Number: _____
Work Hours: _____	Work Hours: _____

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_____.

 Notary Public Signature



Lincoln's ChalleNGe Academy

205 Dodge Avenue • Rantoul, IL 61866 • (217) 893-9714 • Fax (217) 893-9797
e-mail: lincolnc@midwest.net Web Site: http://132.94.50.31/lc.htm

Dear **Parent/Legal Guardian,

The following is consent to release for your applicant to the Lincoln's Challenge Academy. This consent is for the primary purposes of promoting and informing others about the Lincoln's Challenge Academy. The photographs and/or biographies of our students are used in news releases, marketing materials (brochures, fliers, and posters), and informational materials with the intent to encourage interest of other at-risk youth, mentors, agencies and organizations. All is done in an attempt to generate interest and assistance. This consent is voluntary, however, as Lincoln's Challenge is helping your youth reach their potential, we need your assistance in reaching still others who need our help. This information will only be used in a positive and meaningful manner. Your assistance in this endeavor is greatly appreciated.

****18 year-old Applicants**

This consent may be signed without parent signature or consent if applicant is 18 years old.

CONSENT TO RELEASE

I _____, parent/legal guardian of _____
Parent/Legal Guardian Applicant

Hereby consent to having (*myself if 18 years old*) my child photographed and having (*my*) his/her image reproduced for the purposes of promoting and informing others about the Lincoln's ChalleNGe Academy. I understand I do not have to consent to release of (*my*) his/her image to anyone, and I do so voluntarily without duress or coercion.

I also understand that this information may be released by Lincoln's Challenge to any source without my further consent, to include members of the Illinois legislature, or elected or appointed State officials, news, radio and print media or in use in Lincoln's Challenge Informational/Marketing materials.

Parent/Legal Guardian Signature

Date

Applicant, if 18 years old

Date

CONSENT TO DONATE BLOOD

I _____, parent/legal guardian of _____
Parent/Legal Guardian Applicant

Hereby consent to having (*myself if 18 years old*) my child make blood donations while in attendance at the Lincoln's Challenge Academy.

Parent/Legal Guardian Signature

Date

Applicant, if 18 years old

Date

DCFS/ PROBATION OFFICER TASK LIST

IF YOU ARE A WARD OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES: You must present this letter to your caseworker. There are certain tasks that must be accomplished by your caseworker while you are in the Residency Phase of the Academy.

Your Caseworker must:

1. Provide the necessary Notary Form documentation that is included in the Registration Packet.
 2. Provide Lincoln's Challenge with their name and phone number/pager in case of emergency or medical situations.
 3. Provide Lincoln's Challenge Counseling Department with an alternate placement facility for class breaks or dismissal from Academy.
 4. Provide Lincoln's Challenge with the Authorization for Visitation form, which includes those individuals who are authorized to sign you out of the building for visitation.
 5. Provide Lincoln's Challenge with a voucher for Cadet to purchase necessary items, i.e. graduation clothes, bus tickets, personal toiletry items, etc.
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IF YOU HAVE A PROBATION OFFICER ASSIGNED TO YOU: You must present this letter to your probation officer. There are certain tasks that must be accomplished by your probation officer while you are in the Residency Phase of the Academy.

Your Probation Officer must:

1. Provide Lincoln's Challenge with the conditions set in the probation order.
2. Notify and provide documentation to Lincoln's Challenge for any outstanding court dates (to include those that you are a witness in) prior to report date.
3. Provide Lincoln's Challenge with the probation officer's name, phone number and pager number that LCP can call at any time to notify them of dismissal or disciplinary problems. Lincoln's Challenge will make all efforts to notify probation officer of dismissal. However, a Cadet will be released from Academy within 24 hrs of dismissal and parental notification regardless of whether probation officer contact has been established.
4. Provide LCA with the names of those individuals who as a result of the probation order are not allowed to visit you or a location of the state that you are not allowed to be in as a condition of the probation order.



Points of Contact for Caseworker and Probation Officer:

Prior to in-processing = **Lincoln's Challenge Registrar at 217-892-1306**

After in-processing = **Counseling Department at 217-892-1347**



Lincoln's ChalleNGe Academy

205 Dodge Avenue • Rantoul, IL 61866 • (217) 893-9714 • Fax (217) 893-797
e-mail: lincolnc@midwest.net Web Site: <http://doim-il.ngb.mil/lc/lc.htm>

Dear High School Registrar/Guidance Counselor:

The individual whose information appears on the reverse of this letter has made application to the Lincoln's ChalleNGe Academy. In order for us to complete the application and registration process, there are several documents we need in order to accept the individual listed on the reverse.

Information we are particularly interested in are **Withdrawal Information** (Drop Slip or letter stating that the school recommends youth's attendance at Lincoln's ChalleNGe), **Illinois/Federal Constitution Requirements, Standardized Achievement Test results, general course completion, official transcript, copy of Child Health Examination Form, I.E.P.'s, Psychological Evaluations and copy of current medical physical.**

We would appreciate your prompt assistance in forwarding the above information to the address shown on the reverse side. This will facilitate our processing requirements and enable the student to meet the required deadlines.

Thank you for your cooperation and if you have any questions please do not hesitate to call the Lincoln's ChalleNGe Regional Coordinator in your area at 1-800-851-2166.

PETER T. THOMAS
Director
Lincoln's ChalleNGe Academy



STUDENT INFORMATION REQUEST FORM

Date: _____

Name of High School: _____

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), **Illinois/Federal Constitution Requirements, Standardized Achievement Test results, general course completion, official transcript, copy of Child Health Examination Form, I.E.P.'s, Psychological Evaluations and copy of current medical physical to:**

**Lincoln's Challenge Academy
Registrar
205 Dodge Avenue
Rantoul, Illinois 61866**

My personal information is as follows:

Name: _____
Last Maiden First Middle

Social Security Number: _____ - _____ - _____

Address: _____

City _____ State: _____ Zip: _____

Dates Attended: _____

This request is valid from _____ to _____.
Date Date

Student Signature