

INTERVIEW DATE: _____

INTERVIEW TIME: _____

SUNBURST YOUTH ACADEMY STUDENT APPLICATION c.21

THIS APPLICATION IS ONLY FOR STUDENTS WHO ARE APPLYING TO SUNBURST. STUDENTS MUST FIRST ATTEND AN ORIENTATION. IF YOU HAVE NOT YET ATTENDED AN ORIENTATION BUT GO TO WWW.THEBURST.ORG TO REGISTER FOR THE NEXT ORIENTATION.

ON THE DAY OF INTERVIEW:

YOU MUST BRING IN 1 COMPLETE APPLICATION

PLEASE KEEP A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS

DO NOT BRING INCOMPLETE APPLICATIONS

ONCE THE STUDENT HAS ATTENDED AN INTERVIEW WITH A COMPLETED APPLICATION, THE APPLICATION WILL BE REVIEWED BY THE ADMISSIONS REVIEW BOARD. SUBMITTING AN APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE INTO THE PROGRAM.

INTERVIEW LOCATION: DIRECTIONS TO SUNBURST YOUTH ACADEMY

**Sunburst Youth Academy
4022 Saratoga Avenue, Bldg 21
Los Alamitos, CA 90720**

From North or South 605 Fwy, exit Katella Ave. Go East on Katella until you reach Lexington Ave. Turn right and you will run into the main gate. You will need to bring your drivers license, proof of insurance and current registration to enter the base. For Yahoo maps, type in "Armed Forces Reserve Center, Los Alamitos, CA; for Google maps type in Los Alamitos Joint Forces Training Base, CA. Additional directions and information are posted on our website at www.theburst.org

Questions regarding your application: admissions@sunburstyouthacademy.com



Dream. Believe. Achieve.





Application and Acceptance Process for Sunburst Youth Academy

Read every page of the application carefully. Make sure all pages are filled out completely and signed by parent/guardians and applicant. **Only applicants with completed applications will be interviewed.**

- 1. In-person interviews can be scheduled by email if the student was in the application process for the most recent class. If the student applied longer than 6 months ago, they will need to attend an orientation and begin the enrollment process from the beginning.**
- 2. The Personal Statement letter written by the applicant should express his/her desire to attend the program and make changes for a successful future. This letter is read by the entire Admissions Committee and it should show the applicant's level of motivation and need for Sunburst.**
- 3. If you did not complete the previously submitted application, you will need to turn in any previously missing documents. Please see the document checklist for all items necessary for a complete application.**
- 4. Once your application is complete make a copy for yourself in case it gets lost. Do not mail the application to Sunburst. Bring the complete copy with you to your scheduled interview.**
- 5. After reviewing the completed application and interview, the applicant may be invited to a Roll Call. This is a mandatory event which will allow the staff at Sunburst to see if this is a good fit for both the applicant and for Sunburst. If you are invited to Roll Call, be prepared to sample the lifestyle of a cadet. Take this event seriously. Show your motivation and dedication to making a change within your life. You will be instructed of the date, time and uniform when you are invited. **AN INVITATION TO ROLL CALL DOES NOT GUARENTEE YOUR ACCEPTANCE INTO THE ACADEMY.** This is the next step of the enrollment process but is not only for accepted applicants.**
- 6. By the Final Roll Call, all applications must turn in a completed mentor application in order to be accepted.**

Sunburst Youth Academy is a great choice for most at-risk students. However, not everyone is suited for this physically demanding program. We do our best to look at every individual and their needs as we are making our selections.



Application Instructions – Read Carefully

The following materials must be filled out completely and turned in at the given deadline. Incomplete applications will not be accepted. You must keep a copy of your entire application for your records. Do not include the original birth certificate or social security card. Make sure all pages are signed by both the parent/guardians and applicant!

PLEASE ASSEMBLE AND SUBMIT YOUR APPLICATION IN THE FOLLOWING ORDER:

Cadet Application Due INTERVIEW DAY:

- Parent/Student Information Sheet – **1 Copy**
- Student Personal Letter (**Must be hand written by the applicant**) – **1 Copy**
- Birth Certificate – **1 Copy**
- Social Security Card – **1 Copy**
- California ID/ Receipt – **1 Copy**
- Health Insurance Card – **1 Copy**
- Release of Liability – **1 Copy**
- Educational Information Sheet – **1 Copy**
- Recommendation Letter (**Must be from a school official**) – **1 Copy**
- School Transcripts (**Unofficial is okay**) – **1 Copy**
- Attendance and Behavioral Records – **1 Copy**
- IEP & TRI (**only if applicable and must be current to include Psycho-Educational Report**) – **1 Copy**
- Legal Information Form – **1 Copy**
- Custody Documents (**If needed**) – **1 Copy**

Cadet Application Due at your FIRST ROLL CALL or the given deadline:

- Sports Physical/ SF 93 (**Signed and Stamped by Dr, RN, PA, No Chiropractors!**) – **1 Copy**
- Immunization Records (**Tdap, MCV4, HPV, MMR, TB Test – Within 1 year, Seasonal Flu**) – **1 Copy**
- Behavioral Health Supporting Documentation (**If currently or previously in therapy, counseling or have a hospitalization for behavioral health reasons**) – **1 Copy (If applicable)**
- Legal Supporting Documents (**If needed**) – **1 Copy**
- Power of Attorney (**Notarized**) – **1 Copy**

Mentor Application Due by FINAL ROLL CALL –

Hard copy should be turned in or ONLINE application can be found at www.iamsunburst.com

- Mentor Program Explanation Sheet (**This sheet is separate from the Mentor Application**) – **1 Copy**
- Mentor Information Sheet – **1 Copy**
- Mentor Program Explanation Sheet (**This sheet is separate from the Cadet Application**) – **1 Copy**



Sunburst Youth Academy

APPLICANT (STUDENT) & GUARDIAN INFORMATION SHEET

APPLICANT'S INFORMATION: PRINT CLEARLY AND FILL IN ALL INFORMATION

Social Security # _____ Today's date: _____ Have you applied before? YES NO When _____

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

Date of Birth: ___/___/___ Age ___ Gender: Male Female What language do you use most often: _____

Ethnicity: (must check one) American Indian/Alaskan Native Asian or Pacific Islander Black Hispanic
Multiracial White

Are you Married: Yes No Number of Children: ___ Number of people in your household: ___ Family income/yearly: _____
(For statistical purposes only)

Do you currently receive any government assistance? CalFresh MediCal Section 8

Are you currently in Foster Care? Yes No Do you currently have a social worker? Yes No

Hair Color _____ Eye Color _____ Height _____ Weight _____

Are you currently employed: Yes No If so, where: _____

APPLICANT'S CONTACT INFORMATION: DO NOT ENTER PARENT/GUARDIAN INFORMATION HERE

Applicant's Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

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

County of residence: _____

Natural Mother's Name _____ Alive Deceased Whereabouts Unknown

Natural Father's Name _____ Alive Deceased Whereabouts Unknown

Were natural mother and natural father ever married? YES NO

PARENT/GUARDIAN INFORMATION #1: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

1) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

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

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

E-mail Address: _____

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

Employer: _____ Occupation: _____

Is this Person authorized for Pickup? Yes No Primary Emergency Contact - OR- Secondary Emergency Contact



PARENT/GUARDIAN INFORMATION #2: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

2) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

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

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

E-mail Address: _____

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

Employer: _____ Occupation: _____

Is this Person authorized for Pickup? Yes No Primary Emergency Contact - OR- Secondary Emergency Contact

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and the parents/guardians can't be reached, we will make every attempt to reach one of the emergency contacts. The emergency contacts may also be allowed to pick up the student in the absence of the parent/guardian.

The emergency contact should be over 21, and will be required to show picture ID when picking up a student.

Emergency Contact #1: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

Emergency Contact #2: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

Emergency Contact #3: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further agree that the Sunburst Youth Academy is authorized to obtain any information from any agency to assist in assessing this application, in accordance with the Privacy Act of 1974, by authority of Executive Order 9397.

Would you like to be considered for the Grizzly OR Discovery Youth Academy as a secondary option? Yes No

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



Sunburst Youth Academy

PERSONAL APPLICATION LETTER AND ELIGIBILITY STATEMENT

Applicant's Name _____

In your own words and handwriting, tell us why you feel Sunburst Youth Academy will help you with your education and what you hope to gain from the experience. Please include what you hope to achieve while at the Academy, and your goals for the future. This is a very important part of the acceptance process, so be as open and honest as possible.

1. I am VOLUNTARILY enrolling in the Sunburst Youth Challenge Program. I understand that this is not a “sentencing alternative”, and I can’t be ordered to attend. I also understand that the SYA is not OBLIGATED to accept me into the program. YES NO

2. I understand that I must be drug free to enter the program and that I will be given a drug test upon entry. YES NO

3. I am a resident of the State of California YES NO

4. I am a citizen of the United States OR a legal resident YES NO

5. I am physically and mentally capable of participating in ALL aspects of the Program YES NO

6. I understand that this is a 17 ½ month program (5 ½ months residential) and I must meet with my mentor for 12 months after I return home or I will not get my “Certificate of Completion” YES NO

➔ Applicant's Signature: _____ Date: _____



Sunburst Youth Academy

Certificate of Understanding and Release of Liability,

Please read carefully and sign in all designated places- * If the applicant is 18 years old he/she should enter their own name and enter "N/A" in the second * place.

I*, _____, parent/guardian of, * _____,
(Guardian Name - or Applicant if 18 years old) (Applicant)

_____,
(Applicant CA ID#/Residency Card #)

Having applied for enrollment with the Sunburst Youth Academy, also known as the California National Guard Youth Challenge Program, and referred to as the "Academy" in this document, do hereby certify:

1. That I hereby permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes courses, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the duration of the Challenge Program.
2. That the Academy has my permission to release photographs of my child to the media and non-confidential information of my child to the same for publicity or marketing purposes.
3. That the Academy has been explained to me and I understand what the Academy will attempt to do.
4. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of California, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of California National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

Drug, Alcohol, and HIV Test Acknowledgement

1. I, * _____ parent/guardian of * _____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol as part of their physical examination.
2. I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, STD and HIV.
3. I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.
4. By signing this form I give my consent for these tests.

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

➔ **Signature of Parent/Guardian** _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____



PLEASE PRESENT THIS FORM TO YOUR SCHOOL REGISTRAR OR COUNSELOR IN ORDER FOR THEM TO ASSIST YOU IN SECURING THE RECORDS NEEDED TO BE CONSIDERED FOR THE SUNBURST YOUTH CHALLENGE ACADEMY.

Dear Educators:

The student presenting this letter is now “**applying**” to the Sunburst Youth ChalleNGe Program and the on-site high school for a period of 5 ½ months (July-Dec. or Jan-June). This is an intervention and will be a temporary school assignment for students 16-18 years of age. **(Receipt of these documents does not mean the student is accepted, at this time).** If accepted the parent/guardian will bring a community school referral for signature to allow enrollment to our program. We do not need an inter-district transfer. The student will only attend one cycle (22 weeks) and return to the district.

Please provide the student with a copy of the documents indicated below so that he/she can turn it in as part of their application.

- Letter of Recommendation (**This must be completed by someone who knows the student’s academic history. It is not a referral or agreement for transfer.**)
- Transcripts (**unofficial are acceptable at this time**)
- Grades in progress or last report card if not yet posted to transcript
- Attendance and Discipline record
- Immunization Record
- CELDT assessment information, if applicable
- CAHSEE results, if applicable
- A copy of the current IEP, if applicable**
- Psycho-educational evaluation (Triennial)

APPLICANTS: MAKE COPIES!

If you have any questions or need clarification regarding the Academy review process related to education only please contact my office at (714) 796-8780.

Sincerely,

Deni Baughn
Principal
OCDE/ Sunburst Youth Academy



Recommendation Letter

Please have your **SCHOOL PRINCIPAL, VICE-PRINCIPAL, COUNSELOR, OR TEACHER** complete this form.

APPLICANT'S NAME _____
 Last First Middle

TO BE FILLED OUT BY PERSON MAKING RECOMMENDATION:

Name: _____ Title/Position: _____

Phone: (____) _____ Ext: _____ E-Mail: _____

School District: _____ School Name: _____

School Address: _____

Your recommendation of this youth to the Sunburst Youth Academy is an important element of the application package. Please tell us why you believe Sunburst Youth Academy will help this applicant educationally, and why he/she is at risk of dropping out or not graduating. (If more room is needed, please use the back of this form)

How many credits is the student deficient? _____ Does this student have an IEP or 504 plan? _____

Would you be interested in having a tour of the Sunburst Youth ChalleNGe Academy for you and your school staff? YES NO

Would you consider being a mentor or secondary mentor for this youth? YES NO

Would you consider being a mentor for a future cadet? YES NO

A few hours a month is all it takes to be a mentor. If you would like more information, contact the Mentor Coordinator at 1-877-463-1921.

➔ Signature of individual making recommendation: _____ Date _____



**Orange County Department of Education
Division of Alternative Education
Sunburst Youth Academy
Education Information Page**

Student Name: _____ **DOB:** _____ / ____ / ____
Last First M.I. MM/DD/YYYY

Student SSN: _____ - _____ - _____ **Age:** _____ **Gender:** Female Male **Student Contact #:** _____

Parent(s) Name: _____ **Parent Contact Phone Number** _____

Last or current High School attended: _____ **Last Grade Attended:** _____

Name of School _____ Address _____ City and Zip _____
 School Phone # _____ School Fax # _____ Date Last Attended _____
 Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed

Assigned Guidance Counselor: _____, _____
Name Contact Phone # City State

Any additional contact person at the school: _____, _____
Name Contact Phone # City State

Prior High School attended: (List all prior High Schools below, including Juvenile Hall if Applicable) **Last grade attended at this school:** _____

Name of School _____ Address _____ City and Zip _____
 School Phone # _____ School Fax # _____ Date Last Attended _____
 Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed

Prior High School attended: (List all prior High Schools below, including Juvenile Hall if Applicable) **Last grade attended at this school:** _____

Name of School _____ Address _____ City and Zip _____
 School Phone # _____ School Fax # _____ Date Last Attended _____
 Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed



Student Education (Cont. pg. 2)

Are you a high school drop out? YES NO If yes, please tell us why you decided to drop out? _____

What is your current grade Level? _____ How many credits have you earned? _____ Are you behind in credits? YES or NO

In what grade *should* you be? _____ How many credits are you behind? _____ **Number of credits district requires to graduate?** _____

Do you have an IEP (Individualized Education Program)? YES NO If yes, what is the date of the current IEP meeting? _____

If you have an IEP you MUST attach the most recent copy of the IEP. Also you must submit the most recent copy of the Psycho-Educational/Evaluation Report.

Do you have a 504 plan? YES NO If you have an 504 plan, you MUST attach the most recent copy of the 504.

Your application will not be reviewed until we receive these documents.

Are you receiving, or have you ever received, Special Education Services? YES NO

This will not disqualify anyone from the program. We need to know the needs of each student, so that we can best meet his/her individual needs. If yes, what services were you receiving, i.e., Resource Specialist Program (RSP), Speech/Language, etc. _____

Were you ever assigned to a Special Day Class (SDC) or attended a Non Public School (NPS) program? YES NO

Have you ever been suspended? YES NO Please Explain: _____

Have you ever been expelled? YES NO Please Explain: _____

How many truancies (unexcused absences) have you had in the last school year? _____

Have you passed the High School Exit Exams (CAHSEE)? **MATH:** YES NO **ENGLISH:** YES NO (Please attach proof of results)

DO NOT WITHDRAW FROM SCHOOL UNTIL YOU ARE ACCEPTED INTO THE SUNBURST YOUTH ACADEMY!!

Signature of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Signature of Applicant: _____ Date _____



Sunburst Youth Academy
Legal Information

Applicant's Name: _____

Please Note: We cannot accept any applicant who has been adjudicated of a **felony**, or who is currently on a “deferred entry of judgment”. The felony **MUST** be reduced to a misdemeanor or expunged before acceptance. If you are on probation you must have your probation officer sign this form. **ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DENIAL OR TERMINATION FROM PROGRAM**

1. **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 found not guilty?** YES NO*

* If your answer is “NO”, sign and go to the next page. *

2. If your answer to question # 1 was “YES”, please answer the following:

What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH!

	Date	/	Nature of Offense or Violation	/	Law Enforcement Agency	/	Outcome
a.	_____	/	_____	/	_____	/	_____
b.	_____	/	_____	/	_____	/	_____
c.	_____	/	_____	/	_____	/	_____

YOU MUST ATTACH ALL DOCUMENTS RELATING TO THE INCIDENT’S LISTED ABOVE (minute orders, tickets, disposition, or proof of outcome showing the status of charge (misdemeanor/felony)

3. Are you currently awaiting a hearing or sentencing? YES NO

4. If you are awaiting a hearing or sentencing, what is the scheduled date? _____

We cannot accept anyone with a pending court case that is scheduled after the program starts.

5. Where will the hearing or sentencing take place? (What City, County) _____

6. Are any of these charges a felony? YES NO Are you on a “deferred entry of judgment? YES NO

A. If “YES”, which one(s): _____

7. Are you currently on probation? YES NO For how long? _____ is it Formal or Informal

A. Who is your probation officer: _____

B. What is your probation officer’s phone number: _____

Signature of Probation Officer: _____ **Date:** _____

8. Are you currently doing community service? YES NO

9. If yes, how many hours do you have pending? _____

10. Are there any current or pending **Protective or Restraining/Harassment Court Orders** that prohibit contact of any kind in regards to the individual applying for the academy? YES NO

A. If “YES”, disclose the following: _____
Full Name
Relationship
Order Expiration Date

➔ **Signature of Parent/Guardian** _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____