



**Belize Youth Challenge Programme**  
21 Miles George Price Highway, Belize  
Phone 235-2429 / Email: challenge@humandev.gov.bz

## Application Form

This form should be completed by the applicant using a **blue or black** pen. Please read the form carefully and answer each question honestly. Print your answers, writing clearly so that everyone can read your completed form.

### Your Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/Town/Village  Cz  Ow  Bz  Cy  Sc  TI  
District

Phone Number(s): \_\_\_\_\_ Social: 000 Date of \_\_ / \_\_ / \_\_\_\_  
Home number Cell number Security Number Birth d m yyyy

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ T-Shirt size:  S  M  L  XL

Shoe size: \_\_\_\_\_ Pant size: \_\_\_\_\_

### Your Parents/Guardian Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(step) mother, (step) father, guardian etc. (step) mother, (step) father, guardian etc.

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
If same as applicant, write "Same" If same as applicant, write "Same"

Phone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Phone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Your School/Education

School Last Attended: \_\_\_\_\_ Class: \_\_\_\_\_ Year: 20\_\_\_\_

Did you take the PSE? Yes \_\_\_ No \_\_\_

### Your Work

Do you have a job? Yes \_\_\_ No \_\_\_ If yes, where you work?: \_\_\_\_\_

Job title: \_\_\_\_\_ How many hours a week do you usually work? \_\_\_\_\_ hours

### Your Health

Do you exercise? Yes \_\_\_ No \_\_\_ if yes, how often? \_\_\_\_\_

Check any of the activities below that you enjoy doing:

\_\_\_ Swimming \_\_\_ Hiking \_\_\_ Running \_\_\_ Cycling \_\_\_ Football \_\_\_ Basketball \_\_\_ Skateboarding  
\_\_\_ Volleyball

Are you currently taking any medications: \_\_\_ No \_\_\_Yes, if yes please give details below...

Do you have any allergy: \_\_\_ No \_\_\_ Yes, if yes please give details below...

Do you have any special needs/disabilities/medical conditions: \_\_\_No \_\_\_Yes, if yes please give details below...

**Legal Background**

Have you ever been charged with an offense? \_\_\_No \_\_\_Yes, if yes please give details below including the outcome...

Do you have any pending matters before the Court? \_\_\_No \_\_\_Yes, if yes please give details below...

I hereby certify that the information given above in this application form is true and correct.

\_\_\_\_\_  
Youth Applicant Signature

\_\_\_\_\_  
Date: (d/m/yyyy)

\_\_\_\_\_  
Print Name of Parent / Guardian

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date: (d/m/yyyy)

**Accompanying Documents**

This application form must be submitted along with a copy of ONE of the following documents\*:

**Birth certificate or Passport or Social Security Card**

\* If necessary, copies of documents can be made at Human Development offices when handing in applications.

- Application Deadline is April 26. 2019
- An interview with the youth, parent/guardian and mentor will be held during the pre-screening period May 09. – 31. 2019 before the programme begins on August 26. 2019.
- Parents/guardians will be contacted about the time, place and date of interviews.
- Youths accepted into the program will need to identify a mentor and have them submit a mentorship application. All mentors will be screened for approval before being accepted.

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ District:  Cz  Ow  Bz  Cy  Sc  TI

Referral Source:  Self  MHDSTPA  Parents  Other... \_\_\_\_\_

Initial Screening Date: \_\_\_\_\_ Screening Score: \_\_\_\_\_

Recommendation:  Enrolled  Decline  On Hold

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_