



Dear Perspective Student and Parent,

At New Hope Academy we believe in hope. There is hope for the difficulties you are facing. We believe that the step you are taking by applying to New Hope Academy will offer you a second chance, and allow your family to gain a fresh perspective.

New Hope Academy is a Christian Boarding School for youth with life controlling problems. Life controlling problems can include emotional challenges, social difficulties or addictive behavior. Our goal at New Hope Academy is to provide an environment where young people can address their individual issues. Through a relationship with God, sound counseling from our staff, teaching right choices and self discipline, we believe that the student will realize a great change in his life while at New Hope Academy. Students will spend a minimum of 6 months and a maximum of 9 months at New Hope Academy, depending on their progress.

Criteria for student placement:

- *Has a life-controlling problem*
- *Must be willing to cooperate with the program.*
- *Has the emotional stability to participate in a group living situation*
- *Has sought counseling prior to application to New Hope Academy*

God can change your life. Our main goal at New Hope Academy is to show you how to depend on God, and live a victorious life through Jesus Christ. The student must develop a desire to change, and a willingness to put the effort forth to successfully meet the challenges that will be placed before them while at New Hope Academy.

Sincerely,

Rev. James Lowans
Executive Director



Application for Enrollment

Thank you for considering New Hope Academy. Please complete the entire application. Check off as completed.

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Very Important!!

All forms and information must be completed in full. Any missing information will delay the application process or may result in disqualification of the entire application.

What New Hope Academy Offers

New Hope Academy is concerned with the total person. Our program is structured to be aware of each person's spiritual, emotional, physical, social and academic needs.

Spiritual: As part of Teen Challenge, New Hope Academy deals with the student's problems as symptoms that relate to deeper problems and conflicts. Students participate in a tightly integrated personal spiritual growth development program. Zeroing in on a person's spiritual need is where growth occurs. Instead of escaping their problems, they find, through life in Christ, the changing power that gives the ability to cope and live more fulfilling lives.

Behavior Modification: Our expectations are high. Inappropriate behavior is confronted, given consequences and redirected. Appropriate behavior is reinforced and rewarded. There is tight supervision around the clock. There is a vigorous daily schedule and a firm set of rules. A system is used requiring each student to earn privileges. This is through a standard program using a multi-level system based on positive behavior. As students advance, each level offers additional privileges and responsibilities. This motivates the student to work harder. The program becomes the testing ground to ascertain each student's level of commitment toward changing past behavior.

Activities: Activities on and off the campus provide a proper balance of recreation, exercise, personal development and social opportunities. Initially, all activities are on the campus. Over a period of time, students may earn the privilege of participating in off campus activities. The campus is located in a beautiful mountain area, which is conducive to various outdoor activities such as fishing, hiking, camping, tubing, and sledding. Other activities may include concerts, bowling, and various cultural events.

Academics: The academic experience offers innovative techniques that allow students to maximize the learning process while earning credits. Student's transcripts are evaluated upon admission to the program. The student is then assisted in designing their course of study. With the close support of an instructor, the students will be able to move effectively through the learning process. The academic program is a performance-based system and course credit is based on the student's mastery of the subject. New Hope Academy is a member of The Association of Christian Schools International and is certified through the Division of Non-public and Private Schools of the Pennsylvania Department of Education.

General Guidelines

These are the general guidelines of conduct for New Hope Academy students. Upon arrival these guidelines will be explained in greater detail.

- Permitted:

Magazines and books that will aid in your Christian experience
Proper speech, showing respect for others
Participation in activities (depends on level)

- Not permitted:

Tobacco
Profanity
Alcoholic beverage
Illegal drugs
Gambling
Printed material and music that are not conducive to Christian growth
Television, tape/CD players, and radios
Credit cards
Weapons (includes all knives)
Cell phones
Drivers License

- Things to expect while at New Hope Academy:

Phone calls and mail will be monitored.
Family visits will be held monthly as schedule after the student has completed their first contract. The student may earn the privilege to leave campus during these visits.
All belongings are subject to check upon arrival, and subsequent checks during your stay.

- Program Advancement at New Hope Academy

Our students advance through the program and earn privileges through a series of Learning Contracts. These Contracts are designed to address needs of the students, as well as keep them on target academically. With each new contract the student earns privileges. On a weekly basis the students' behaviors, attitudes and actions are evaluated. Based on that evaluation the student is placed the appropriate level. The level the student is on determines the student's ability to exercise the privileges that he has earned by completing his work on his Learning Contract

A complete Student Handbook will be provided to the family and student upon arrival at New Hope Academy.

New Hope Academy Application

Date _____

Name _____
Last First MI

Current Photo

Address _____

Must be Attached

City _____ State _____ Zip _____

Here

Age _____ Birth date _____

Height _____ Weight _____ Eye color _____ Hair color _____

Scars or tattoos (describe)

Last grade completed _____ Name of school _____

School address _____

Special abilities or training _____

Social Security Number _____

In case of emergency: (MUST be parent or legal guardian)

Name _____ Phone _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Church you attend _____

Pastor's Name _____

Church Phone Number _____

Legal Status/History

Has your son ever been arrested? _____

If yes, explain the circumstances. _____

List any pending charges. _____

Court date _____ Location _____

Probation officer _____

Address _____

Phone number _____

Identification

Student's drivers license (state and number)	Student's Social Security number
Parent/guardian social Security number	Medical insurance (Company, policy and group number)

List other programs that your son has been in including other Teen Challenges.

Name of Program	Dates enrolled	Reason(s) for termination

I have filled out the above information to the best of my ability. To my knowledge, all information is correct. **\$100 money order (non-refundable), must be included to cover processing fees. Personal checks are not accepted.**

Prospective student's signature

Date

Parent/guardian signature

Date

Student Information

(pages 5, and 6 are to be completed by the prospective student if the student will not complete, parents please complete.)

If you were raised by anyone other than your own parents, explain briefly. _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Have there been any deaths in the family in the past year? _____

If yes, who and when?

What kind of relationship do you have with your parents/guardian? _____

Circle any of the following words that best describe you now.

- | | | | | | |
|-------------|----------------|------------|------------|--------------|--------------|
| Active | Self-confident | Ambitious | Persistent | Nervous | Hard-working |
| Impatient | Moody | Impulsive | Depressed | Excitable | Serious |
| Imaginative | Calm | Easy-going | Shy | Good-natured | Introvert |
| Extrovert | Likeable | Quiet | Lonely | Hard-boiled | Leader |

Briefly answer the following questions:

1. What problems are you having?

2. What have you done about these problems? _____

Substance Abuse History

Substance	Age Started	Frequency of Use
Alcohol		
Marijuana		
Hash		
Hash oil		
Quaaludes		
Heroin		
Speed/ Amphetamines		
Cocaine		
Crack		
PCP		
Inhalants		
Ecstasy		
Steroids		
Meth- amphetamine		
Other		

Signature of person completing pages 5-6

Date

Medical History

This is to be completed by parent/guardian prior to physician's examination. Please check if any of the below have been noted recently. Use the back of this page to explain.

Name _____ **Date** _____

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Crippling conditions	<input type="checkbox"/> Speech difficulty
<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Parasites (worms/lice)	<input type="checkbox"/> Earaches
<input type="checkbox"/> Muscle cramps	<input type="checkbox"/> Dental defects	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Allergies	<input type="checkbox"/> Frequent leg pain	<input type="checkbox"/> Eye/vision
<input type="checkbox"/> Frequent boils, sties	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing difficulty
<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Tires easily
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Head injury	<input type="checkbox"/> Fainting spells
<input type="checkbox"/> Frequent sore throat	<input type="checkbox"/> Skin problems	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Persistent cough	<input type="checkbox"/> Dizziness	<input type="checkbox"/> High blood pressure
	<input type="checkbox"/> Headaches	<input type="checkbox"/> Other

Have any of the above symptoms occurred during exercise? _____ yes _____ no. If yes, explain.

How many colds has the student had in the last twelve months? _____
 Give the age the student contracted any of the following:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye injuries	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Scarlet fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles (type _____)	<input type="checkbox"/> Stomach ulcer
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Discharging ears	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Whooping cough

Has the student ever been hospitalized? _____ yes _____ no. If yes explain:

Has the student considered suicide at any time? _____ yes _____ no. If yes explain circumstances, when, how.

Is the student currently taking any medication? _____ yes _____ no. If yes list medication and dosages

Immunizations

Dates given

DPT 1. _____ 2. _____ 3. _____ 4. _____ DT _____

Polio 1. _____ 2. _____ 3. _____ Booster _____

Rubella _____ Tetanus _____ Allergic to the horse serum _____ yes _____ no

Measles _____ Drug allergies _____

Physical Examination

To be completed by a physician

Sex _____ Age _____ Date of Birth _____ Weight _____ Height _____ B/P _____

Visual acuity: R 20/ _____ L 20/ _____ Corrected? Yes _____ No _____ Pupils _____

Check if abnormal and explain below:

_____ Ears	_____ Lungs	_____ Neck/Shoulder
_____ Nose	_____ Heart	_____ Arms
_____ Throat	_____ Abdominal area	_____ Legs
_____ Skin/Hair	_____ Genitalia	_____ Back
_____ Mouth/teeth	_____ Hernia	_____ Coordination

Abnormalities:

Please list any distinguishing body marks:

Tests:

VDRL _____ TB results _____ Drug/alcohol _____ HIV (Optional, but suggested) _____ **Attach results to all tests.**

Any other tests given and results: _____

Medical issues that need to be addressed: _____

Allergies:

Clearance :

_____ A. Cleared for all sports and other school-sponsored activities.

_____ B. Cleared after completing evaluation/rehabilitation for: _____

_____ C. Not cleared to participate in the following: _____

_____ D. Not cleared to participate in any school athletics. Reason: _____

Upon examination of _____, I have found him to be free from communicable diseases. It is my professional opinion, this student is stable enough physically, mentally, and emotionally to reside in a boarding school environment and/or participate in any of the programs offered by New Hope Academy.

Signature of physician

Date

Office address

City

State

Zip

Phone

Fax

Parent Report

Please describe the history of your marriage(s) and family events from the birth of the child to the present time. (Be specific and detailed.) Use a separate sheet of paper if necessary.

Describe the nature and problem with your child. Be specific and detailed. Use a separate sheet of paper if necessary.

Comment on any factors that may have influenced the problems that your child is having. Please be specific and frank.

What goals do you have pertaining to your child's stay at New Hope Academy?

What are your plans for your child if he is dismissed or leaves New Hope Academy?

Please list the names and addresses of any friends, relatives, etc. from whom you do not wish your child to receive mail, phone calls or visits.

Parents Information

Father's name _____

Address _____

City _____

State _____ Zip _____

Occupation _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

Mother's name _____

Address _____

City _____

State _____ Zip _____

Occupation _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

Legal guardian (*If other than above*) _____

Address _____

City _____

State _____ Zip _____

Occupation _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

Stepfather's name _____

Occupation _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

Stepmother's name _____

Occupation _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

Additional Information

The following documents must be enclosed with the application. New Hope Academy must have these documents before the student can be accepted. Please include them with your application packet.

- Latest report card (last school attended)
- Immunization records
- Psychological/counseling reports
- Probation reports
- Custody documents (if applicable)
- Health insurance Card(s)
- Most recent tax return, and two recent pay stubs
- **A letter addressed to your son specifically telling him why he is at New Hope Academy**

A note about dietetics at New Hope Academy, New Hope Academy follows the national school lunch program guidelines for nutrition and variety. We do not provide a special diet for our students based on their preferences. If the student has a medical condition confirmed by a doctor, we will make reasonable changes to his meals.

Please fill out the Records release on the next page and give it to your son's current school. They will then forward transcripts and records to New Hope Academy.



Student Record Release

To Releasing School Counselor:

School Name

Address

City

State/Province

Zip/Postal Code

Dear Counselor:

My child has been withdrawn from your school. Please release their health, dental, scholastic, psychological, discipline and delinquency adjudication records to the following school. Thank you.

New Hope Academy
PO Box 295
Factoryville, PA 18419

Student's Name

Age

Grade level at time of withdrawal

Signature of requesting Parent/Guardian

Note: Fill out and give this form to the school that your son is currently enrolled in.

Financial Information

- New Hope Academy is a ministry of Teen Challenge Training Center Inc. It is designed for boys age 13-17.
- New Hope Academy is a donation-based program. The parent's portion of the student's support is considered tuition. It is not tax deductible. Our approximate cost per student is \$2,800 per month or \$94 a day.
- Tuition for New Hope Academy is \$2,800 per month (or \$94 a day). **Because of donations by churches, individuals, business and local civic groups New Hope Academy is able to give each student a \$600-\$1,400 per month tuition scholarship.** The amount of scholarship your son receives will be determined after reviewing your financial information. **This will make your balance \$2,200-\$1,400 per month.**

Tuition covers the following:

- Room and board
- Individual and group counseling
- Education for junior and senior high through an accredited Christian school
- Direct supervision 7 days a week
- Additional costs may apply for recreational activities to those who qualify.

See the Financial Commitment form for additional fees.

- The donor letter is to share with those whom you think will donate to New Hope Academy while your teen is in the program. This money should be sent directly to our financial office at **New Hope Academy Po Box 295 Factoryville, PA 18419**. This money will be used for general operating expenses for New Hope Academy. This is not personal spending money for your student while he is in the program. When you receive a commitment from an individual, fill out the necessary information on the Donor Form and return it with the Financial Commitment Form. It is the parent's responsibility to contact each donor to confirm his or her commitment.

*Tuition is due in our office no later than the 10th of each month. Any payment received after the 10th must include a \$50.00 late fee.

Financial Commitment Form

Your portion of the \$2,800 tuition for New Hope Academy is **\$1,400-\$2,200 per month**. The amount you will be charged is determined after reviewing your financial information. (most recent tax return and recent pay stubs) All payments are due on the 10th of each month, any payment received after the 10th must include a \$50.00 late fee. The monthly tuition is due even for those months when the student may have returned home for a visit (i.e. Christmas break). **All tuition payments are non-refundable, regardless of the circumstances by which he leaves the program. This includes voluntary withdraw of your son from New Hope Academy and dismissal of your son due to disciplinary action.**

Financial Assistance:

- How much of your child's monthly tuition can New Hope Academy depend upon from you personally? _____
- How much financial assistance can New Hope Academy depend upon receiving from donors you have personally contacted? _____
- Monthly pledge amount: \$_____ (attach completed pledge forms)
- Other financial assistance (Be specific.) _____

Additional fees and deposits due on intake day.

\$135. 00 school uniform fee

\$100.00 processing fee (non-refundable) this is to be paid before this packet will be processed

\$100.00 return fare deposit (refundable)

\$200.00 damage deposit (refundable)

\$200.00 student bank (For student's personal use. The unused portion is refundable.)

\$300.00 curriculum fee (non-refundable)

Return fare, damage deposits, student bank, curriculum fee and uniform fee are due and payable upon arrival at New Hope Academy.

I have read the previous information. I understand that I am pledging to pay the amount of support I have indicated above, as well as all additional fees and deposits indicated.

Parent/guardian signature

Date

I have included a \$100.00 money order or cashiers check with this application.

New Hope Academy

Christian Boarding School



Dear Donor,

_____ has applied for entry into New Hope Academy, a 6-9 month residential program operated by Teen Challenge Training Center Inc.

New Hope Academy is operated as a Christian ministry. It is financed through voluntary contributions from board members, friends, churches and other individuals and organizations interested in our work with hurting teens.

New Hope Academy depends upon the availability of enough donors to cover the normal operating expenses for each student accepted into the program. These expenses are estimated at \$2800.00 per month (\$94.00 per day) for each student enrolled.

In order for all cash donations to be considered tax-deductible, no support will be specifically designated for the personal benefit of any given student. It will be applied to the general operating expenses of New Hope Academy.

It is our goal to provide the highest quality environment for each of our students. You have been given this letter to provide you with an opportunity to make a difference in the lives of hurting youth. Should you wish to do so, please fill out the enclosed donation form and return it to the address given below.

"All donations are to be sent to New Hope Academy PO Box 295 Factoryville, PA 18419".

We will send a receipt to you for tax purposes. This money will go to the general operating expense of New Hope Academy. Tuition payments sent by parents or legal guardians are not tax deductible.

Thank you for doing your part in the ministry of New Hope Academy.

Sincerely,

Rev. James Lowans
Executive Director

I understand that New Hope Academy is designed to run from 6 to 9 months (depending upon the willingness and progress of the student). I will commit to send in my monthly pledge regardless of the length of time the student remains a New Hope Academy.

Donor's name _____

Mailing address _____

City _____ State _____ Zip _____ Phone _____

I pledge monthly:

____ 1 day @ \$94 ____ 2 days @ \$187 ____ 3 days @ \$280

____ 4 days @ \$374 ____ 5 days @ \$467 ____ full month @ \$2800

____ \$ _____ Other ____ \$ _____ One time donation

Student's name (optional) _____

----- Cut along this line. -----

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Student's name (optional) _____