

NROTC COLLEGE PROGRAM APPLICATION

PRINT or TYPE. Fill in all blanks. Print "None" or put "X" in nonapplicable blanks. Continue on separate sheet if necessary; please identify items being continued.

PRIVACY ACT STATEMENT: Under the authority of 5 USC, 301, the information regarding your former military experience and training, educational background, and present personal data is requested in order to validate your basic qualifications and your suitability for selection in comparison with other applicants for the Navy-Marine Corps ROTC College Program. Your social security number will be used for purposes of individual identification. The information will be retained by CNET, (Code OTE/083), and the NROTC Unit and will not be divulged without your written authorization to anyone other than Navy and Marine Corps personnel involved with the administration of the program. You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

| | | | | | | | | | | |
|--|--------------------|--|--|---|---|---|----|----|----|----|
| 1. NAME (Last, first, middle) | | 2. SSN | 3. TELEPHONE NUMBER | 4. WORK TELEPHONE NUMBER | | | | | | |
| 5. CURRENT MAILING ADDRESS (Number, street, city, state, ZIP Code) | | 6. DATE OF BIRTH (YYYYMMDD) | | 7. PLACE OF BIRTH (City, county, state) | | | | | | |
| 5b. CURRENT EMAIL ADDRESS | | 8. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | | 9. IF NATURALIZED, GIVE DATE, PLACE COURT OF JURISDICTION, AND CERTIFICATE NUMBER | | | | | | |
| 10. NAME AND ADDRESS OF PARENT OR GUARDIAN | | 11. COLOR BLIND (YES ___ / NO ___) Refraction: Cyl Sph Total Left ___ ___ ___ Right ___ ___ ___ VISION CORRECTABLE TO 20/20 <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| 12. MILITARY EXPERIENCE AND TRAINING (Past and present, if any) | | | | | | | | | | |
| EXPERIENCE | SERVICE | DATES OF DUTY | HIGHEST RANK HELD | EAOS | TYPE DISCHARGE | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| TRAINING | JROTC | POSITION(S) HELD | AWARDS | | CIRCLE GRADE | 9 | 10 | 11 | 12 | |
| | Civil Air patrol | POSITION(S) HELD | AWARDS <input type="checkbox"/> MITCHELL <input type="checkbox"/> EARHART | | | 9 | 10 | 11 | 12 | |
| | Other (NDCC, etc.) | | | | | 9 | 10 | 11 | 12 | |
| 13. EXTRACURRICULAR ACTIVITIES | | | | | | | | | | |
| READ CAREFULLY. Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated which involve responsibility and leadership. | | | | | | | | | | |
| ELECTED/APPOINTED OFFICES HELD | | EXACT POSITION(S) HELD | | | AVERAGE NO. HOURS DEVOTED PER WEEK | | 9 | 10 | 11 | 12 |
| | | | | | | | 9 | 10 | 11 | 12 |
| | | | | | | | 9 | 10 | 11 | 12 |
| | | | | | | | 9 | 10 | 11 | 12 |
| | | | | | | | 9 | 10 | 11 | 12 |
| 14. ATHLETIC ACTIVITIES | | | | | | | | | | |
| READ CAREFULLY. Identify only those sports which you participated in during school grades 9-12. Circle the school year in which you received letter awards or each sport. Then circle the school year you were on varsity squads. Do not list junior varsity or "B" team awards as varsity letter awards. Do not list intramural activity. | | | | | | | | | | |
| SPORT | LETTER AWARDS | CIRCLE SCHOOL YEAR A TEAM MEMBER | | POSITION OR SPECIALTY (In which letter was earned) | SPECIAL RECOGNITION (Captain, individual or state record or selected to All-City, County, District Conference, State or National Team) (1 st team only, except State and National) | | | | | |
| | 9 10 11 12 | 9 10 11 12 | | | | | | | | |
| | 9 10 11 12 | 9 10 11 12 | | | | | | | | |
| | 9 10 11 12 | 9 10 11 12 | | | | | | | | |
| | 9 10 11 12 | 9 10 11 12 | | | | | | | | |
| ACTIVITIES OTHER THAN THOSE ABOVE (List only if they involve considerable responsibility and leadership. Show position(s) held and average number of hours devoted per week to activity. Attach additional sheet if needed.) | | | | | | | | | | |

| 15. DUTY OR EMPLOYMENT ORGANIZATION | | | | | | | |
|--|--|--|---|---|-----------|------------|--|
| List in chronological order beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. If discharged for cause from any employment, so state. | | | | | | | |
| A. DATES | | B. NAME OF EMPLOYER | C. ADDRESS | D. TYPE WORK PERFORMED | | | |
| FROM | TO | | | | | | |
| | Present | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 16. EDUCATION | | | | | | | |
| List in chronological order, beginning with last school attended. Include any/all college work. Attach transcripts. | | | | | | | |
| A. DATES | | B. NAME OF SCHOOL | C. ADDRESS | D. MAJOR | E. DEGREE | | |
| FROM | TO | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 17. COLLEGE BOARD SCORES | | 18. HIGH SCHOOL RECORDS | | 19. ANTICIPATED DATE OF NROTC ENROLLMENT/ACADEMIC MAJOR | | | |
| PSAT | VERBAL <input type="checkbox"/> <input type="checkbox"/> | MATH <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | CLASS RANK | |
| SAT | VERBAL <input type="checkbox"/> <input type="checkbox"/> | MATH <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | CLASS SIZE | |
| ACT | VERBAL <input type="checkbox"/> <input type="checkbox"/> | MATH <input type="checkbox"/> <input type="checkbox"/> | GPA _____ on a scale of _____ | | | | |
| 20. Have you ever made application for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If answer is YES, list the date, place of application, program applied for and current status of application.) | | | | YES | NO | | |
| 21. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If an answer is YES, list the date, place, service and current status of enlistment.) | | | | | | | |
| 22. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law (includes juvenile offenses and moving traffic violations)? If answer is YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.) | | | | | | | |
| 23. Are you currently awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civilian restraint as a result of violation of law or regulation? | | | | | | | |
| 24. Have you ever been known by any other name or names other than that used in this application? (If answer is YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.) | | | | | | | |
| 25. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic? | | | | | | | |
| 26. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If answer is YES, set forth on an attached sheet full circumstances, including approximate times, amounts taken, period over which taken and intent for further use.) | | | | | | | |
| 27. Have you ever been arrested or convicted of trafficking illegal drugs? | | | | | | | |
| 28. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If answer if YES, set forth on an attached statement the full circumstances, including approximate times, amounts taken, period over which taken, and intent for further use.) | | | | | | | |
| I certify that all information given by me is complete and correct to the best of my knowledge. | | | | | | | |
| 29. SIGNATURE | | | | 30. DATE | | | |
| If you have answered YES to any of the above questions, respond as indicated on a separate, attached sheet of paper. | | | | | | | |
| I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time. | | | | | | | |
| NROTC COLLEGE PROGRAM OATH | | | | | | | |
| "I do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic: That I will bear true faith and allegiance to the same: And that I take this obligation freely, without any mental reservation or purpose of evasion." | | | | | | | |
| STUDENT'S SIGNATURE IN FULL | | | | | | | |