DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

AGENCY DISCLOSURE NOTICE
The public reporting burden for this collection of information,OMB 0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at wshs-mc-alex.esd.mbh-dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:
Commander
Naval Service Training Command
2601 A Paul Jones Street
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notice (SORN) N01131-1.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in the routine use set forth here. The information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Voluntary. However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

Complete all required sections on this form. Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?  
   - Yes  
   - No

2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals?  
   - Yes  
   - No

If you answered “YES” to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

  a. Type of drug(s) used:
  b. Approximate number of times used:
  c. Amount taken:
  d. Method by which taken:
  e. Inclusive dates of use (be specific):
  f. Were you convicted or arrested for the drug use admitted?
  g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. (Initial): I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

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SIGNATURE OF WITNESSING OFFICIAL

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SIGNATURE OF APPLICANT

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PRINTED NAME OF WITNESSING OFFICIAL

____________________________
PRINTED NAME OF APPLICANT

NSTD 1533/101 (11/19)