



Arizona State NROTC Sea Devil Prep Program



Personal Information

Name (Last, First, Middle)		Phone			
Current Mailing Address		Name of Parent/Guardian			
		Address of Parent/Guardian			
Place of Birth	Date of Birth				
Are you a US Citizen?	Yes	No	If naturalized, give date, place, court of jurisdiction, and certificate number.		
Gender					
Male	Female				
What is your race? Mark one or more of the categories below to indicate how you identify your race.	Ethnic Background (Optional)				
	American Indian/Alaskan Native	Aleut	Korean	Other Asian Descent	US/Canadian Indian Tribes
	Asian	Chinese	Latin American w/ Hispanic Descent	Other Hispanic Descent	Vietnamese
	African American/Black	Cuban	Melanesian	Other Pacific Island Descent	Other
	Native Hawaiian/Other Pacific Islander	Eskimo	Mexican	Polynesian	None
	Caucasian	Filipino	Micronesia	Puerto Rican	
Email Address		Intended Major or Area of Study (Tier 1 or Tier 2 Only)			

Parent/Legal Guardian's Previous Military History

Parent/Legal Guardian	Branch	Rank/Rate	Status (Active/Retired)	Commissioning Source

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 involving responsibility and leadership. Examples: NJROTC, Student Government, Eagle Scout, etc

Organization	Positions Held	Hours/Week	Grades of Participation			
			9	10	11	12
			9	10	11	12
			9	10	11	12
			9	10	11	12

Athletic Activities

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

Sport	Positions Held	Awards/Recognition	JV/Club	Grades of Participation			
				9	10	11	12
				9	10	11	12
				9	10	11	12
				9	10	11	12



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Employment

List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

Dates		Employer Name, Address & Phone Number	Hours/ Week	Type of Work Performed
From	To			

Volunteering

READ CAREFULLY: Identify only those volunteering activities in which you engaged during school grades 9-12. List the number of hours performed per year in the box corresponding to the correct school year and volunteer activity. If other is selected, please include a brief description of your volunteer work in the remarks. Attach additional sheets if more space is needed.

Grade	9	10	11	12	Volunteer Work Remarks
Hospital / Candy Striper					
With Handicapped Elderly					
Tutor / Coach Children					
Other					
Total Volunteer Hours Per Year					

Would you be willing to attend any university with a similar program resulting in a Naval Commission? Yes No

Answer the following questions. If you answer 'Yes' provide explanations on an additional sheet.	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If 'Yes', list the date, place of application, program applied for and current status of application.)		
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)		
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition)		
4. 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?		
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)		
6. 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?		
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)		
8. Have you ever been arrested or convicted of trafficking illegal drugs?		
9. 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 'Yes', attach a statement with the full circumstances, number of times used, 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.
I understand that this applicant questionnaire does not obligate me in any way and that I may withdraw my application at any time.

Applicant Signature	Date
Parent/Legal Guardian Signature	Date



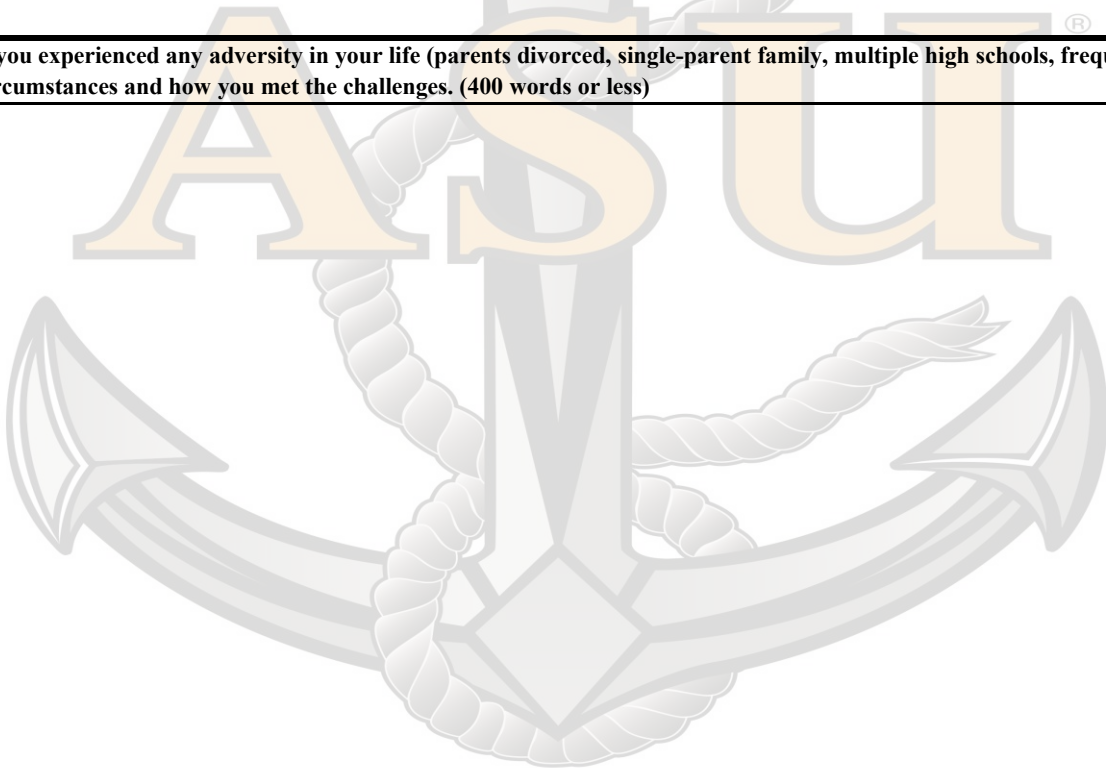
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Essay 1: Why do you want to become a Commissioned Officer through the Arizona State NROTC Program? (400 words or less)



Essay 2: Have you experienced any adversity in your life (parents divorced, single-parent family, multiple high schools, frequent moves etc). If so, describe the circumstances and how you met the challenges. (400 words or less)





Arizona State NROTC Sea Devil Prep Program



NJROTC Senior Naval Science Instructor Recommendation

SNSI Information

Name		Phone
School	School Address	
Rank/Rate		

Candidate Information

Name		Ranking Comments (if any):
PNP Rank (If more than one candidate applying)	How long have you known the candidate?	

Questions

In your opinion, what is the applicant's number one priority?	Attending ASU	Commissioning	Obtaining a Degree
In your opinion, what community would the applicant strive?	Surface Warfare (SWO)	Aviation	Medical
	Nuclear (Submarine or Surface)	Special Warfare (SEALS or EOD)	Restricted Line (Intel, Information Warfare)
How many hours does the applicant dedicate to NJROTC outside of the school day each week?	0-2	5-6	8+
	3-4	6-8	

Candidate Recommendation. Your recommendation should highlight the applicants' motivation to be a Naval Officer, address any impediments your student has overcome, as well as, any disadvantages limiting their high school academic development.

Signature	Date
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Arizona State NROTC Sea Devil Prep Program



Medical History				
Height	Weight	Date of Last Sports Physical		
Answer the following questions. If you answer 'Yes' provide explanations in block 41			Yes	No
1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?				
2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross-linking)?				
3. Color vision deficiency?				
4. Ear trouble (to include perforated eardrum, tubes in ears, or other ENT surgery)?				
5. Loss of balance or vertigo?				
6. Hearing loss or use of a hearing aid?				
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?				
8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)				
9a. Tooth or gum trouble (excluding cavities)?				
9b. Date of last dental exam:				
10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?				
11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?				
12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?				
13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?				
14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)				
14b. Date of last menstrual period (females only):				
14c. Date of Last PAP smear (females only):				
15. Testicular or prostate trouble? (males only)				
16. Orthopedic problems of the back or neck?				
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?				
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?				
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?				
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?				
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)				
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?				
23. Allergic reaction to food, medications, insects?				
24. A positive PPD or been treated for tuberculosis?				
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?				
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?				



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Medical History (Continued)	Yes	No
27. Head injury, memory loss, amnesia?		
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?		
29. Frequent or severe headaches in the past 2 years?		
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?		
31. Evaluation or treatment for depressive disorder?		
32. Evaluation or treatment for anxiety disorder or panic attacks?		
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?		
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?		
35. Tumor or cancer?		
36. Cold or heat injury?		
37. Rhabdomyolysis?		
38. Have you been prescribed medications in the last 12 months? (if "yes" list names, reason, and approximate dates used in Block 41)?		
39. Have you EVER been hospitalized (including psychiatric)?		
40. Have you EVER been rejected or discharged for military service for any reason?		

Medical Comments

41. Explain all "Yes" answers to questions 1-40 above. Begin with the Item Number. Describe answer(s); provide date(s) of problem(s) /condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status (ongoing/resolved). Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records if requested.



I certify that all medical information provided by me is complete and correct to the best of my knowledge.

Applicant Signature

Date



Sea Devil Prep Program Applicant Fitness Assessment

The Applicant Fitness Assessment (AFA) is a component of the Sea Devil Prep Program application and must be submitted in order for the application to be complete. The test consists of abdominal crunches, push-ups, and a one-mile run. The purpose of the test is to evaluate your level of physical fitness. The test can be administered by any physical education instructor, athletics coach, an active duty officer, active duty E-7 or NJROTC instructor. Applicants accustomed to regular physical activity should have no difficulty with the AFA. Being properly conditioned prior to reporting to your NROTC Unit cannot be overemphasized. You will be far better prepared to meet the stringent physical demands of the NROTC Program if you maintain a high level of physical fitness during high school.

The three test events of the AFA are administered consecutively in a 25-minute time period. Applicants should attempt to do their best on all events, keeping in mind that the events are sequenced to produce a cumulative loading effect. Applicants' scores will be included in their application to the scholarship selection board. The maximum scores, by event and gender, are listed in the table below. An applicant who achieves the maximum level on either of the first two events should not attempt further repetitions, as this will not improve his/her score.

	Crunches	Push-Ups	1-Mile Run
Male	95	75	5:20
Female	95	50	6:00

Test Site

**The AFA can be administered in two adjacent venues; an indoor gymnasium and outdoor track*

The 1-mile run is the last event administered in the AFA. Although it may be administered in an indoor gymnasium or stadium, time has been allotted for transit to an outdoor track. Regardless of the 1-mile run course, the running surface should be flat and free of debris. In either the indoor or outdoor facility, it is imperative that the 1-mile distance is measured accurately. In submitting the time for the run, the applicant and official are affirming that the 1-mile distance has been measured and is accurate.



Test Procedures

The AFA may be conducted at any time during the application period but must be accomplished in order for the application to be processed by the recruiter. Results of each event will be recorded on the AFA score sheet (see below); the score sheet must be included with your submitted package.

On test day, the applicant is encouraged to spend 20-30 minutes of active warm-up and stretching prior to beginning the test. The test battery must be completed according to the timeline below, and applicants are not permitted to warm up, rest, or practice other than during the time officially allotted. The administering official will read and be familiar with these test instructions prior to administration. The following statement must be read verbatim to the applicant prior to beginning the test:

“You are about to take the Applicant Fitness Assessment. The results of this test will be used in the scholarship application process by demonstrating your level of physical fitness. It is important that you do your best in every event. You have 25 total minutes to complete this test. After you complete each event, your scorer will record your score and the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated.”

Testing Sequence

- The test sequence will follow the order listed below. This order CANNOT be modified.
- There are NO exceptions to this sequence or timing.

Event	Test Start Time	Event Testing Time	Rest Time	Total Elapsed Time
Crunches	0:00	2 Mins	3 Mins	5:00
Push-Ups	5:00	2 Mins	3 Mins	10:00
1-Mile Run	15:00	10 Mins	5 Mins*	25:00

** The 5-minute rest includes the transition time to the outdoor track. If the run cannot be started by minute 15, an alternative arrangement for a running surface must be found*



Abdominal Crunches

This measures abdominal/core body muscular endurance.

Applicant Must:

- Assume a supine (back on floor), bent-knee position (approximately 90-degree bend) on a mat with arms crossed, fingers extended, touching the top of the shoulders, with shoulder blades touching the floor/mat.
- Upon the command "GO", flex from the hip, raising the elbows so that they touch the front midpoint (or higher) of the thigh without fingertips losing contact with the top of the shoulders; extend from the hip until the shoulder blades touch the floor/mat.
- Applicants cannot rest in the down position. Resting is only permitted in the up position. Fingers must stay in contact with the top of the shoulders while resting, and applicants cannot grab their legs or touch the ground with their hands.

Official Must:

- Note the event start time (should be 0:00 elapsed).
- Monitor the start position to determine that the applicant's shoulder blades are touching the mat, fingers are touching the shoulders, knees are bent approximately 90 degrees, and an assistant (may be you) is properly holding the applicant's feet (hands only on top of each ankle or foot).
- Give the command "GO" and start a stopwatch for the 2-minute trial.
- Count one repetition each time the applicant's shoulder blades touch the floor/mat.
- Monitor body position making sure during each repetition that the buttocks stay in contact with the mat, knees are bent appropriately, hands remain in contact with the shoulders, elbows make contact with the mid-thigh, and shoulder blades touch the floor/mat.
- Verbalize "NO" for any repetition that does not meet the criteria listed above. Stop the test at the 2-minute mark and record the number of repetitions.



Push-Ups

This measures upper body muscular endurance.

Applicant Must:

- Assume a prone (abdomen toward the ground) position supported on one knee on a 1-inch mat or a hard surface floor.
- On the command "READY POSITION", assume the front-leaning-rest position (arms extended) by placing your hands where they are comfortable (Width is variable). Feet may be together or up to 12 inches apart. When viewed from the side, your body should form a straight line from your shoulders to your ankles.
- On the command "GO", begin the push-up event by bending elbows and lowering the entire body as a single unit until your upper arms are at least parallel to the ground (90-degree bend). Return to the starting position by extending arms and raising the entire body as a single unit until arms are fully extended.
- May rest in the up position, flexing or bowing the back as long as hands and feet remain in contact with the floor, and no other body part touches the floor.
- Must return to the generally straight body position before attempting another repetition.

Official Must:

- Note the event start time (should be 10:00 elapsed).
- Give the command "GO" and start a stopwatch for the 2-minute trial.
- Monitor each repetition, making sure body remains straight, moving as a single unit, the upper arm is parallel to the floor in the down position, and the arms come to full extension in the up position.
- Verbalize "NO" for any repetition that does not meet the criteria listed above. Stop the test at the 2-minute mark and record the number of repetitions.
- Terminate the event if the candidate lifts a hand or foot off the ground or touches the ground with any body part other than the hands or feet.



1-Mile Run

This measures aerobic capacity and endurance.

Applicant Must:

- Run continuously for one mile (walking is allowed although strongly discouraged).

Official Must:

- Certify the 1-mile run distance.
- Note the start time (should be 15:00 elapsed) Give the command "GO" and start a stopwatch for the 10-minute trial.
- Monitor the candidate to make sure that he/she does not:
 - Receive physical help during the event.
 - Leave the designated running course for any reason.
 - Receive pacing by another person.
- Stop the watch as the candidate crosses the finish line, and record the score in minutes and seconds.



Sea Devil Prep Program Applicant Fitness Assessment

Applicant Name (Last, First, Middle): _____

Applicant Height (inches): _____ Applicant Weight: _____

READ TO APPLICANT BEFORE CONDUCTING TEST:

“You are about to take the Applicant Fitness Assessment. The results of this test will be used in the scholarship application process by demonstrating your level of physical fitness. It is important that you do your best in every event. You have 25 total minutes to complete this test. After you complete each event, your scorer will record your score and the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated.”

Start Time: _____

Number of crunches completed in 2:00 minutes: _____

Number of pushups completed in 2:00 minutes: _____

End Time: _____ 1-Mile Run time: _____

Evaluators Signature: _____

Evaluators Printed Name: _____

Evaluators Title/Position: _____

Date: _____

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB Control Number: 0703-0026, Exp. _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 4 hours 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0026). 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 ABOVE ADDRESS.

Responses should be sent to:

Commander
Naval Service Training Command
2601A Paul Jones Street
Great Lakes, IL 60088

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

- AUTHORITY:** The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).
- PRINCIPAL PURPOSE(S):** 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. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>
- ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, 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:** 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 SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

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.
4. _____ Date filled out and signed (MMM/DD/YYYY)

SIGNATURE OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESSING OFFICIAL

PRINTED NAME OF APPLICANT

For NSTC use only: Applicant Ser # _____

**DEBARMENT AND SUSPENSION FROM RECEIPT OF FEDERAL ASSISTANCE STATEMENT FOR
NATIONAL NAVAL RESERVE OFFICERS TRAINING CORPS APPLICATION
(EXECUTIVE ORDER 12549, DEBARMENT AND SUSPENSION)**

OMB Control Number: 0703-0026, Exp. _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 4 hours 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0026). 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.

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Great Lakes, IL 60088

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- PRINCIPAL PURPOSE(S):** 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. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>
- ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, 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:** 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 SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

On February 18, 1986, Executive Order (EO) 12549, Debarment and Suspension, authorized establishing a government-wide system for excluding, in appropriate cases, individuals and legal entities from participating in Federal financial and non financial assistance programs and activities.

The General Services Administration (GSA) is responsible for developing, maintaining and distributing a list of persons excluded from non-procurement programs.

The list indicates participants who are debarred, suspended or voluntarily excluded from programs and activities involving Federal financial and nonfinancial assistance and benefits under EO 12549

Transactions covered by this rule include, but are not limited to:

Non-procurement transactions between an agency and a person, including grants, corporation agreements, scholarships, fellowships, contracts of assistance, loans, loan guarantees, etc.

The NROTC Scholarships fall under this rule. A person currently debarred or suspended from receiving Federal financial assistance is not eligible to apply for the NROTC College Scholarship Program.

I, _____, certify I am not debarred from participating in Federal financial assistance programs.

PRINT FULL NAME

Signature of Applicant

Signature of Witnessing Official

Social Security Number

Printed Name of Witness

Date

Date

For NSTC use only:

Applicant Serial #: _____

CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATIONS

OMB Control Number: 0703-0026, Exp _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 3 hours and 20 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB Control Number: 0703-0026). 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.

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Responses should be sent to:

Commander
Naval Service Training Command
2601 A Paul Jones Street
Great Lakes, IL 60068

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1. **AUTHORITY:** The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).
 2. **PRINCIPAL PURPOSE(S):** 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. The following systems of records notices cover the collection of this information: N01130-1 located at <http://dpcidd.defense.gov/Privacy/SORNSIndex/DODwideSORNArticleView/tabid/6797/Article/570316/n01130-1.aspx>.
 3. **ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to received NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants 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; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, 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.
 4. **DISCLOSURE:** 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 SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

Please read and initial by each of the following statements below indicating your certification or understanding of each

CERTIFICATIONS

1. _____ I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.
2. _____ I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in an unrestricted military status. This includes the bearing of arms and supporting and defending the Constitution of the United States against all enemies foreign and domestic.
3. _____ I certify that I solely composed the essay(s) submitted with my electronic application.

STATEMENTS OF UNDERSTANDING

1. _____ I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores before my application will be processed.
2. _____ I understand that I must enroll in the Tier Major that is contained in my application that was presented before the board. See the following link for details on academic Tier Majors: https://www.nrotc.navy.mil/scholarships_criteria.aspx
3. _____ I understand that I will receive scholarship benefits for a maximum of four academic years. However, if I receive my Baccalaureate Degree earlier than four academic years, I shall not be eligible for any further scholarship benefits. See the following link for details on scholarship benefits: <https://www.nrotc.navy.mil/scholarships.aspx>
4. _____ I understand if I enter the NROTC program having already earned college credit, I am expected to use any allowable credits towards my degree to accelerate the completion of my Baccalaureate Degree.
5. _____ I understand that upon successful completion of the NROTC program I may be offered a commission in one of the Navy's Unrestricted Line communities (Surface Warfare, Submarine Warfare, Aviation, Special Warfare and Explosive Ordinance), requiring a minimum of five years of active military service. If I do not accept my commission, I may be required and have an obligation to pay back the government of the United States of America an amount equal to the benefits I received under the scholarship or serve a period of Active Enlisted Service at the discretion of the Secretary of the Navy.
6. _____ I understand that I will be required to sign and agree to the terms in the NROTC Scholarship Contract (NSTC 1533/135) upon activating my scholarship when I report to my assigned NROTC unit.
7. _____ I understand that if any of the information I provided herein or in any part of my application is inaccurate, false or misleading, it may result in my non-selection for an NROTC scholarship and make me ineligible for continued participation in the NROTC program.

Warning: Any intentionally false or misleading statement, certification, or response you provide is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature of Applicant

Signature of Witnessing Official

Printed Name of Applicant

Printed Name of Witnessing Official

Date

Date