



NORWICH
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Four-Year Navy ROTC National Scholarship Application

Answer the following questions. If you answer “Yes” provide explanations on an additional sheet.

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.)	Yes	No
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)	Yes	No
3. Have you ever been arrested, detained, indicated, 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.)	Yes	No
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?	Yes	No
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.)	Yes	No
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?	Yes	No
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.)	Yes	No



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8. Have you ever been arrested or convicted of trafficking illegal drugs?	Yes	No
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.)	Yes	No

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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Medical History

	Yes	No
1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?	Yes	No
2. Surgery to improve vision (PRK, LASEC, RK, intraocular lens implant, cross linking)?	Yes	No
3. Color vision deficiency?	Yes	No
4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?	Yes	No
5. Loss of balance or vertigo?	Yes	No
6. Hearing loss or use of a hearing aid?	Yes	No
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?	Yes	No
8. Orthodontic treatment? (If 'Yes', include completion or projected date of completion in block 41)	Yes	No
9. Tooth or gum trouble (excluding cavities)?	Yes	No
Date of last dental exam:	Yes	No
10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?	Yes	No
11. Gastrointestinal trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?	Yes	No
12. Inflammatory bowel disease (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?	Yes	No
13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?	Yes	No
14. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)	Yes	No
Date of last menstrual period (females only):	Yes	No
Date of last PAP smear (females only):	Yes	No
15. Testicular or prostate trouble? (males only)	Yes	No
16. Orthopedic problems of the back or neck?	Yes	No
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?	Yes	No
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?	Yes	No
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?	Yes	No



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	Yes	No
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?	Yes	No
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41)?	Yes	No
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?	Yes	No
23. Allergic reaction to food, medications, insects?	Yes	No
24. A positive PPD or been treated for tuberculosis?	Yes	No
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	Yes	No
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?	Yes	No
27. Head injury, memory loss, amnesia?	Yes	No
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?	Yes	No
29. Frequent or severe headaches in the past 2 years?	Yes	No
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?	Yes	No
31. Evaluation or treatment for depressive disorder?	Yes	No
32. Evaluation or treatment for anxiety disorder or panic attacks?	Yes	No
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?	Yes	No
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?	Yes	No
35. Tumor or cancer?	Yes	No
36. Cold or heat injury?	Yes	No
37. Rhabdomyolysis?	Yes	No
38. Have you been prescribed medications in the last 12 months? (if 'Yes', list names, reason, and approximate dates used in Block 41)?	Yes	No
39. Have you EVER been hospitalized (including psychiatric)?	Yes	No
40. Have you EVER been rejected or discharged for military service for any reason?	Yes	No
41. Explain all "Yes" answers to questions 1-40 above. Begin with item number. Describe answer(s); provide date(s) of problem(s)/ condition(s); provide names of Health Care Providers (HCP's), 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		



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date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records if requested.		

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

Applicant Signature: _____ Date: _____



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Please read and initial by each of the following statements below indicating your understanding of each. After initialing all statements, please sign and date at the bottom of the page.

Statements

1. _____ Norwich University will cover tuition and fees for a one-year NROTC preparation program as a Midshipman Candidate. Merit- and need-based financial aid will be considered to supplement additional costs such as room and board.

2. _____ Provided you meet the criteria below you will be awarded a National NROTC scholarship to Norwich University at the conclusion of your first year.
 - a. _____ Science/Technical major (Tier 1/Tier 2-25 majors available).
 - b. _____ Maintain greater than 2.8 minimum GPA
 - c. _____ Pass the Navy Physical Fitness Assessment once a semester with a score of “Good Low” or better
 - d. _____ Successfully become a member of the Norwich Corps of Cadets.

Applicant Signature: _____ Date: _____