



Norwich University NROTC Naval Preparatory Program (NPP) Application Instructions

Thank you for your interest in the Norwich University Naval Preparatory Program (NPP). Please carefully read and follow the instructions below to ensure your application is complete and properly submitted for consideration.

Application Process

1. **Complete the Application:** The application form includes a section for your medical history. This application must be filled out entirely for consideration into NPP. To verify your medical status, you must have the medical history form signed by your Primary Care Physician.
2. **Physical Readiness Test (PRT):** The PRT is a mandatory fitness assessment that must be conducted in a single session. For accurate results, the PRT should be completed in the following sequence:
 - Pushups
 - 5-minute rest
 - Plank
 - 5-minute rest
 - 1.5 Mile Run
3. **Complete the Questionnaire:** Before proceeding with the main application, please complete the initial questionnaire. This step is essential and must be completed before advancing to the next stages of the application process. The questionnaire can be found at the [Norwich University NROTC Naval Preparatory Program Questionnaire](#) or by scanning the following QR code:



4. **Submission:** Once all application components are completed, including the medical history form and the PRT, please send your application to NROTC@norwich.edu.

Additional Information

For any questions or concerns regarding the application process, please contact us at NROTC@norwich.edu. We look forward to receiving your application and wish you the best of luck as you pursue this opportunity with the Norwich University Naval Preparatory Program.

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
September, 30 2021

The public reporting burden for this collection of information is estimated to average 10 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 whs.mc-alex.esd.mbx.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 FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted.

ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/>

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)

b. HOME TELEPHONE (Include Area Code)

c. EMAIL ADDRESS

LEAVE THIS BOX BLANK

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>

12. (Continued)	YES	NO
f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	DoD ID NUMBER <i>(If applicable)</i>
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO				
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:	<input type="radio"/>	<input type="radio"/>				
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>			
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>			
d. Paralysis	<input type="radio"/>	<input type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>			
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>		d. Other medical reasons <i>(If yes, give reasons.)</i>	<input type="radio"/>	<input type="radio"/>			
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>		20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>	<input type="radio"/>	<input type="radio"/>			
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>			21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>	<input type="radio"/>	<input type="radio"/>		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>		<input type="radio"/>	<input type="radio"/>		
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>			<input type="radio"/>	<input type="radio"/>		
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>	<input type="radio"/>	<input type="radio"/>				24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>	<input type="radio"/>	<input type="radio"/>	
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>					25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>	<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>						26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>	<input type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>			27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>				<input type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>		28. Have you ever been denied life insurance?					<input type="radio"/>
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>						
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>							
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>							
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>							
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>							
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>							
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>							
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>							
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>							
18. FEMALES ONLY. Have you ever had or do you now have:									
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>							
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>							
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>							
d. First day of last menstrual period (YYYYMMDD)									
e. Date of last PAP smear (YYYYMMDD)									

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	DoD ID NUMBER <i>(If applicable)</i>	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS		
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>



NORWICH UNIVERSITY NROTC

Norwich University NROTC Naval Preparatory Program (NPP) Physical Readiness Assessment

To ensure accuracy and fairness, the Physical Readiness Test (PRT) must be administered by a qualified individual, such as a coach, NJROTC advisor, or counselor. While minimum and maximum target scores are provided, all applicants are encouraged to submit their PRT results, as every score will be considered during the assessment process.

Scoring Table

The following table outlines each event's minimum and maximum scores, categorized by gender. Please refer to the [Navy Physical Readiness Program Guide 5](#) for additional information.

Event	Male	Female
Pushups	Min: 51 Max: 92	Min: 24 Max: 51
Plank	Min: 1:42 Max: 3:24	Min: 1:32 Max: 3:14
1.5 Mile Run	Min: 11:00 Max: 8:15	Min: 13:30 Max: 9:29

Certification of Results

Height: _____ inches

Weight: _____ pounds

Pushups: _____

Plank: _____ min _____ sec

1.5 Mile Run: _____ min _____ sec

Applicant Printed Name: _____

Applicant Signature: _____

Proctor Printed Name: _____

Proctor Signature: _____

Relation to Applicant: _____

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATION

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

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 whs.mc-alex.esd.mbx.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.

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 Notices (SORNs) N01130-1 and N01080-3.

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 relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided 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, <https://www.navy.mil/privacy.asp>, 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: 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 applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Complete all sections on this form (required). *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.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

NSTC N9 USE ONLY

Approve _____ Disapprove _____

**CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING (SOU) FOR
NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATIONS**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

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**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 Notices (SORNs) N01130-1 and N01080-3.

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 relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided 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, <https://www.navy.mil/privacy.asp> 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.

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http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Enter your initials in the box provided.

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

DEBARMENT AND SUSPENSION FROM RECEIPT OF FEDERAL ASSISTANCE STATEMENT FOR NATIONAL NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) APPLICATION

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AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

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 relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided 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, <https://www.navy.mil/privacy.asp> 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: 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 applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

<http://dpcllo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpcllo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

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
PRINT FULL NAME in Federal financial assistance programs.

Signature of Applicant

Signature of Witnessing Official

Applicant Social Security Number

Printed Name of Witness

Date

Date

For NSTC use only:
Applicant Serial #: