

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 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.

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: N01131-1 located at <http://dpclio.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclio.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n0180-3.aspx>
3. **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.
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

**NAVAL RESERVE OFFICERS TRAINING CROPS
COLLEGE PROGRAM APPLICATION**

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC §301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

Principal Purpose(s): To be completed by applicant for the Naval Reserve Officers Training Corps (NROTC) College Program.

Routine Use(s): 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 CFR § 701.112, accessible at <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: 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.

Personal Information

Name		SSN (last 4)	Phone	Cell Phone
Current Mailing Address			Name of Parent/Guardian	
			Address of Parent/Guardian	
Place of Birth		Date of Birth		
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No		If naturalized, give date, place, court of jurisdiction, and certificate number.		
Select Service <input type="radio"/> Navy <input type="radio"/> USMC				

Military Experience and Training (Past and Present, if any)

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Program	Position(s) Held	Awards		Grades of Participation
JROTC				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Civil Air Patrol				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Other (NDCC etc.)				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

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.

Organization	Position(s) Held	Hours/Week	Grades of Participation			
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 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	Position(s) Held	Awards/Recognition	JV/Club	Varsity			
			<input type="checkbox"/>	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

**NAVAL RESERVE OFFICERS TRAINING CROPS
COLLEGE PROGRAM APPLICATION**

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 and Address	Hours/Week	Type of Work Performed
From	To			

EDUCATION

List in reverse chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates		School Name and Address	Major	Degree
From	To			

ACADEMICS

PSAT	Verbal: _____	Math: _____	High School Name: _____	
SAT	Verbal: _____	Math: _____	Class Rank: _____	GPA: _____
ACT	Verbal: _____	Math: _____	Class Size: _____	GPA Scale: _____

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.)	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
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 of the case.)	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>

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 applicant at any time.
 I understand that I am voluntarily applying for a military training program that may lead to an opportunity for commissioning as an officer in the U.S. Navy or U.S. Marine Corps. While participating in the program, I will be required to adhere to U.S. Navy and/or U.S. Marine Corps regulations as they apply to this program. The U.S. Navy and the U.S. Marine Corps have medical and physical qualifications that I must satisfy before I am offered an opportunity to commission. By allowing me to participate in the program, neither the U.S. Navy nor the U.S. Marine Corps are making any representations that I will be offered an opportunity for commissioning as an officer.

Signature	Date
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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; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Signature	Date
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REPORT OF MEDICAL HISTORY

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

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

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>		
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>		
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>		
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>			
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>			
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>			
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>			
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>			
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?			
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."

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

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Commander
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2601A Paul Jones Street
Great Lakes, IL 60088

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- 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 # _____

NROTC APPLICANT FITNESS ASSESSMENT

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.

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: 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>

3. *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.

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.

RETURN COMPLETED SCORE SHEET TO THE NROTC UNIT FROM WHICH YOU ARE SEEKING A NOMINATION

Applicant's Name (Last, First, MN): _____

Applicants height (inches): _____

Applicant's weight: _____

READ TO APPLICANT:

"You are about to take the Naval ROTC Applicant Fitness Assessment. The results of this test will be used in the NROTC scholarship application process by demonstrating your level of physical fitness. You may cease work when you have scored the maximum for any individual event. Otherwise, do your best on each event. You have 25 minutes to complete the entire test. After you complete each event, the 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 minutes: _____

Number of Push-ups completed in 2 minutes: _____

1 Mile Run Time: _____ minutes _____ seconds

End Time: _____

Evaluator's Signature: _____

Evaluator's Printed Name: _____

Evaluator's Title/Position: _____

Date: _____