

# Naval Reserve Officers Training Corps (NROTC) Unit Florida A&M University

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**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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IF YOU ANSWERED 'YES' FOR ANY OF THE QUESTIONS ON THE PREVIOUS  
FORM, PLEASE EXPLAIN HERE:

# FLORIDA A&M NAVAL ROTC COLLEGE PROGRAM APPLICATION

PLEASE PRINT ALL INFORMATION LEGIBLY IN CAPITAL LETTERS

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

SEX M F DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER (LAST 4) \_\_\_\_\_  
(ex: 1995JUN23)

UNIT POLO/T-SHIRT SIZE \_\_\_\_\_

HOME OF RECORD \_\_\_\_\_  
STREET ADDRESS APARTMENT NUMBER

CITY STATE POSTAL CODE

HOME PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ CELL PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HIGH SCHOOL NAME \_\_\_\_\_

LIVING ON CAMPUS?  
YES NO

ON/OFF CAMPUS ADDRESS IF KNOWN \_\_\_\_\_  
STREET ADDRESS APARTMENT NUMBER

CITY STATE POSTAL CODE

HAVE YOU BEEN ACCEPTED TO YOUR DESIRED COLLEGE/UNIVERSITY YET?  
YES NO

UNIVERSITY/COLLEGE (CHOOSE ONE)  
UNIVERSITY/COLLEGE ID # \_\_\_\_\_

SERVICE OPTION (CHOOSE ONE)

INTENDED MAJOR \_\_\_\_\_ EXPECTED AGE BY GRADUATION \_\_\_\_\_

INTENDED GRADUATION DATE \_\_\_\_\_  
(ex: 2022SPRING)

EMERGENCY CONTACT \_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP TO YOU

HIGHSCHOOL GRADE POINT AVERAGE (WEIGHTED) \_\_\_\_\_ PSAT VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

HIGHSCHOOL GRADE POINT AVERAGE (UNWEIGHTED) \_\_\_\_\_ SAT VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

COLLEGE GRADE POINT AVERAGE (IF APPLICABLE) \_\_\_\_\_ ACT VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

NUMBER OF COLLEGE CREDITS EARNED TO INCLUDE ADVANCED PLACEMENT (AP), INTERNATIONAL BACCALAUREATE (IB), DUAL ENROLLMENT, OR OTHER ACCREDITED COURSES

\_\_\_\_\_  
\_\_\_\_\_

## GENERAL PURPOSE PRIVACY ACT STATEMENT

### PART A - IDENTIFICATION OF REQUIREMENT

1. REQUIRING DOCUMENT (Describe - SECNAVINST, OPNAVNOTE, SECNAV ltr, etc.)  SECNAVINST 5211.5 Series, NTSC 1533.2 Series, NTSCINST 1533.3 Series	2. SPONSOR CODE  NONE
3. DESCRIPTIVE TITLE OR REQUIREMENT (Form title, report title, etc.)  NROTC Student file and associated documents	

### PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY  5USC 562a (Privacy Act of 1971) 5USC 552 (Freedom of Information Act)
2. PRINCIPLE PURPOSE(S)  The NROTC student file is maintained by the parent Naval Reserve Officer Training Corps Unit and is used to document a person's performance while enrolled as a member of the NROTC Program
3. ROUTINE USE(S)  The NROTC student file is used routinely to document a person's performance while enrolled as a member of the NROTC program.
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION  Disclosure of information is voluntary, but failure to provide requested information could result in failure to obtain permission to enroll in the NROTC program or in disenrollment from the NROTC program.

### PART C - IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT

1. FORM NO./REPORT CONTROL SYMBOL/ OTHER IDENTIFICATION  NONE	PRIVACY ACT STATEMENT  Privacy Act - Student File
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**OPNAV 5211/12 (MAR 1992)**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed Name (Last, First MI): \_\_\_\_\_

# DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB CONTROL NUMBER: 0703-0026  
OMB EXPIRATION DATE: 01/31/2023

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0702-0026, 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](mailto: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.

Responses should be sent to:

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

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

Naval Station Training Command 1533/101 (11-19) Drug Statement For Naval Reserve Officer Training Corps Application

### PRIVACY ACT STATEMENT

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

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

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in 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 SORN can be found at the following link: <https://dpcl.dod.mil/Privacy/SORNSIndex/?Page=32>

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.

\_\_\_\_\_  
SIGNATURE OF WITNESSING OFFICIAL

\_\_\_\_\_  
PRINTED NAME OF WITNESSING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

## TRANSCRIPTS

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**IF YOU HAVE NOT COMPLETED ANY COLLEGE:**

ATTACH MOST RECENT HIGH SCHOOL TRANSCRIPTS

**IF YOU HAVE COMPLETED NO MORE THAN ONE SEMESTER OF COLLEGE:**

ATTACH MOST RECENT HIGH SCHOOL AND COLLEGE TRANSCRIPTS

**IF YOU HAVE COMPLETED TWO OR MORE SEMESTERS OF COLLEGE:**

ATTACH MOST RECENT COLLEGE TRANSCRIPTS ONLY

**\* IF YOUR TRANSCRIPT DOES NOT INCLUDE YOUR SAT/ACT SCORES, YOU \*  
MUST ATTACH THOSE AS WELL**

**ONLY LEGIBLE TRANSCRIPTS WILL BE ACCEPTED**



## PHOTO

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SUBMIT TWO FULL LENGTH PICTURES; ONE FRONTAL AND ONE SIDE PROFILE.  
BENEATH THE PICTURE ANNOTATE YOUR HEIGHT, WEIGHT, AND THE DATE  
THE PICTURES WERE TAKEN.

**NOTE:** JROTC MEMBERS SHOULD BE IN UNIFORM.

HEIGHT \_\_\_\_\_ INCHES

WEIGHT \_\_\_\_\_ LBS

DATE \_\_\_\_\_

## **ESSAY #1 (REQUIRED)**

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IN 300-500 WORDS, DISCUSS WHY YOU WANT TO BECOME A NAVAL/MARINE CORPS OFFICER.

## ESSAY #2 (OPTIONAL)

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IN 300-500 WORDS, DISCUSS THE ATTRIBUTES YOU POSSESS THAT YOU FEEL MAKE YOU WELL SUITED FOR MILITARY SERVICE IN THE U.S. NAVY OR MARINE CORPS.

## SPORTS PHYSICAL

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IF YOU HAVE ANY EXTRANEIOUS MEDICAL CONDITIONS OR INJURIES THAT MIGHT AFFECT YOUR ABILITY TO PERFORM IN AN ATHLETIC AND MILITARY SETTING, PLEASE EXPLAIN BELOW:

*ALL MEDICAL DOCUMENTS WILL BE REVIEWED BY FAMU NROTC  
STAFF UPON ARRIVAL*

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

**MUST INCLUDE A COPY OF YOUR  
IMMUNIZATIONS RECORD**

**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 LOCAL NAVY RECRUITER**

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 Push-ups completed in 2 minutes: \_\_\_\_\_

Timed forearm planks:  
(Maximum 3:25 Male/3:14 Female) \_\_\_\_\_ minutes \_\_\_\_\_ seconds

1 Mile Run Time: \_\_\_\_\_ minutes \_\_\_\_\_ seconds

End Time: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Evaluator's Printed Name: \_\_\_\_\_

Evaluator's Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_