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? ◯ Yes ◯ No Select Service ◯ Navy ◯ USMC	If naturalized, give date, place, court of jurisdiction, and certificate number.

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 Particpation
JROTC			☐ 9 ☐ 10 ☐ 11 ☐ 12
Civil Air Patrol			☐ 9 ☐ 10 ☐ 11 ☐ 12
Other (NDCC etc.)			☐ 9 ☐ 10 ☐ 11 ☐ 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
			☐ 9 ☐ 10 ☐ 11 ☐ 12
			☐ 9 ☐ 10 ☐ 11 ☐ 12
			☐ 9 ☐ 10 ☐ 11 ☐ 12
			☐ 9 ☐ 10 ☐ 11 ☐ 12

Athletic Activities

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

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity
			☐	☐9 ☐10 ☐11 ☐12
			☐	☐9 ☐10 ☐11 ☐12
			☐	☐9 ☐10 ☐11 ☐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.

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EMPLOYMENT

List is 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:	
SAT	Verbal:	Math:	
ACT	Verbal:	Math:	

High School Name:			
Class Rank:		GPA:	
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.)	○	○
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)	○	○
3. Have you ever been arrested, detained, indited, 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.)	○	○
4. Are you currently awaiting trail or sentence, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?	○	○
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)	○	○
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the constitution of the United States against all enemies, foreign and domestic?	○	○
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	○	○
8. have you ever been arrested or convicted of trafficking illegal drugs?	○	○
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken, period over which tacken, and intent for further use.)	○	○

I certify that all information given by me is complete and correct to the best of my knowledge.
I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my applicant at any time.

Signature	Date

NROTC COLLEGE PROGRAM OATH

I do solemnly sear (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

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 _____ (ex: 1995JUN23) SOCIAL SECURITY NUMBER (LAST 4) _____

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)

SERVICE OPTION
(CHOOSE ONE)

UNIVERSITY/COLLEGE ID # _____

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.)	2. SPONSOR CODE
SECNAVINST 5211.5 Series, NTSC 1533.2 Series, NTSCINST 1533.3 Series	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	PRIVACY ACT STATEMENT
NONE	Privacy Act - Student File

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, 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.

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 # _____

TRANSCRIPTS

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

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.

UPLOAD FRONTAL HERE

UPLOAD SIDE PROFILE HERE

HEIGHT _____ INCHES WEIGHT _____ LBS DATE _____

ESSAY #1 **(REQUIRED)**

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

ESSAY #2 **(OPTIONAL)**

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

IF YOU HAVE ANY EXTRANEOUS 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

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ 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[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]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

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MUST INCLUDE A COPY OF YOUR IMMUNIZATIONS RECORD

NROTC APPLICANT FITNESS ASSESSMENT

OMB Control Number: 0703-0026, Exp. _____

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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.

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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: _____