#### **Instructions**

- 1. Please read these instructions in their entirety before beginning the application.
- 2. Familiarize yourself with the requirements and expectations of the NPP program located on the application coversheet. Additionally review the majors are eligible to choose from on the ODU Degree Options page.
- 3. Review the Application Checklist so you'll know which documents need to be submitted along with the application. Incomplete applications will not be reviewed. In summary, required app materials are:
  - a. (1) Scholarship Application, 6 pages total, includes two 400-word essays
  - b. (1) SAT/ACT Score Report
  - c. (1) High School Transcript
  - d. (1) Full-length photograph in NJORTC uniform (if applicable)
  - e. (1) SNSI Letter of Recommendation using the provided form (or an instructor if not in NJROTC)
  - f. (2) Optional (but highly recommended) additional Letters of Recommendation using provided form
  - g. (1) Fitness Assessment Score Sheet, 1 page total
  - h. (1) Statement of Understanding
  - i. (1) Drug Statement
  - j. (1) Debarment Statement
- 4. Fill out the Scholarship Application as completely as possible.
  - **a.** Open the forms in Adobe Reader. Adobe Reader is available free at this website: https://get.adobe.com/reader/
  - **b.** Start typing your information into the document. Note: Write your essay in Microsoft Word first so that you can spell check them. Then, cut and paste them into the application. Max allowed essay length is approximately one page, single-spaced in Microsoft Word. Ensure your entire essay is visible in the form when printed.
  - c. When complete, print and sign form using pen.
- 5. Obtain physical copies of your SAT Score Report and High School Transcript.
- 6. Print a physical full-length photograph to include with your application.
- 7. Obtain a Letter of Recommendation from your SNSI using the provided form. Have them email it directly to kmuhamma@odu.edu
- 8. If you are not an NJROTC student, please have an school official or instructor complete the general Letter of Recommendation form and have them email it directly to kmuhamma@odu.edu
- 9. Both NJROTC and non-NJROTC students are allowed to submit up to (2) additional Letters of Recommendation using the general Letter of Recommendation form. Have them sent to kmuhamma@odu.edu
- 10. Have your SNSI or a school official review the Applicant Fitness Assessment instructions and administer the AFA. Include the score sheet in your application.
- 11. Print and sign the Statement of Understanding, Drug Statement, and Debarment Statement.
- 12. Submit the application in-person to Crittenton Hall at Old Dominion University during normal business hours, or physically mail it to:
  - a. Attn:Yolanda Muhammad
  - b. Old Dominion University Navy ROTC
  - c. 5215 Hampton Blvd.
  - d. Norfolk, VA 23529

#### **Deadlines**

- 24 JAN25– Recommended last filing date for ODU admissions applications.
- 21 FEB25 Recommended last filing date for NROTC Preparatory Scholarship applications.
- 14 MAR25 Scholarship applications reviewed for offers. \*
- 25 APR25 Scholarship receipts notified of decision. \*

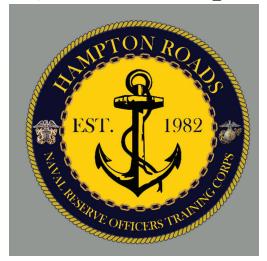
If you have any questions, please do not hesitate to contact us.

Ms. Yolanda Muhammad, kmuhamma@odu.edu, 757-683-4741 (note: email is the best way to contact us)

<sup>\*</sup>Scholarship offers will occur on a rolling basis. Expiration dates will be included in all scholarship offers – normally two to three weeks after the date of offer.

# NROTC Preparatory Program (NPP) Scholarship





The Naval ROTC Preparatory Program Scholarship\* provides economically and/or academically disadvantaged applicants with a unique opportunity to earn a commission in the United States Navy. This scholarship provides an extra year of academics and military orientation if the student requires it. An optional 5<sup>th</sup> year is built-in to the scholarship, giving students the option to extend the length of their degree and have lighter individual semesters.

The scholarship consists of a first year paid for by ODU, with a follow-on four-year Naval ROTC Scholarship. NPP Scholarship recipients must meet the below criteria to be offered a follow-on NROTC scholarship to Old Dominion University.

#### Requirements:

- > Before starting, successfully complete a Department of Defense medical exam and NROTC indoctrination training
- Pursue a science / technical major (Tier 1 / Tier 2 25 majors available)
- Maintain greater than a 2.80 GPA (Minimum 12 college credits per semester)
- Pass the Navy Physical Fitness Assessment once a semester with a score of "Good Low" or better.
- > Maintain good standing\*\* within the ROTC unit
- Reside in the ODU ROTC Living Learning Center

Immersed in history and tradition, the Old Dominion NROTC has proven to be a successful path to commissioning. Located near the largest naval station in the world, Old Dominion has access to many Navy and Marine Corp facilities, personnel, and activities in order to enhance and better prepare midshipmen for their endeavors as Naval Officers.



<sup>\*</sup> Scholarship provides for in-state tuition only. Out-of-state applicants are welcome to apply and can qualify for in-state tuition through the Academic Common Market program for their state. <a href="https://www.sreb.org/academic-common-market">https://www.sreb.org/academic-common-market</a>

<sup>\*\*</sup> Good standing is defined as maintaining academic, disciplinary and physical requirements per NSTC 1533.2D – Regulations for Officer Development and students must also demonstrate sufficient secondary education academic capabilities to begin NROTC required courses, as well as, receive a positive endorsement from the Professor of Naval Science



#### Old Dominion University NROTC Preparatory Program Scholarship Application



Checklist
ODU NROTC Preparatory Program (NPP) Scholarship Application
SAT/ACT Official Report
High School Transcripts with Class Rank
Full-length photograph of applicant wearing NJROTC uniform as applicable
SNSI Recommendation Form (Teacher recommendation if not an NJROTC cadet)
Complete Applicant Fitness Assessment and Submit AFA Score Sheet
Up to (2) non-SNSI Letters of Recommendation
Complete (3) NSTC Forms: SOU, Drug Statement, Debarment Statement
Apply for Free Application for Federal Student Aid (FAFSA) https://studentaid.ed.gov/sa/,
Add ODU FAFSA ID to your application: 003728 (Strongly recommend be filed by 31 JAN 25)
Apply to Old Dominion University, <a href="https://blue.odu.edu/admission/apply/">https://blue.odu.edu/admission/apply/</a>





# **ODU NPP Tier 1 or Tier 2**

# **Degree Options**

Major	Tier
Biochemistry	2
Biological Oceanography	2
Biological and Physical Sciences	2
Biology, General and Life Sciences	2
Chemical Oceanography	2
Chemistry (other than Biochemistry)	2
Civil Engineering	2
Civil Engineering/Civil Technology	2
Computer Engineering	2
Computer Science	2
Dentistry*	2
Electric Engineering, General	1
Electrical and Electronic Engineering - Related Technologies	2
Engineering - Related Technologies	2
Environmental Engineering	2
Information Sciences and Systems	2
Marine Biology	2
Mathematics	2
Mechanical Engineering	1
Mechanical Engineering Technology	2
Modeling and Simulation Engineering	2
Nuclear Medicine Technology	2
Nursing (RN)*	2
Ocean and Earth Sciences	2
Physics	2





			Personal Information		
Name (Last, First, Middle)				Phone	
Current Mailing Address			Name of Parent/Guardian		
			Address of Parent/Guardia	n	
Place of Birth Date		Date of Birth	Address of Parenty duardia	"	
Are you a US Citizen?	O YES O	NO If Naturalized,	, give date, place, court of jurisdic	ction, and certificate number	er.
Gender					
Male Female	2				
What is your race? Mark one to indicate how you identify your race.	or more of the categorie	es below Ethnic Backs	ground (Optional)		
American Indian/Ala	skan Native	Aleut	Korean	Other .	Asian Descent US/Canadian Indian
Asian		Chinese	e Latin American v	w/ Hispanic Other	Hispanic Descent Vietnamese
African American/Bla	ack	Cuban	Descent  Melanesian	Other	Pacific Island Other
Native Hawaiian/Oth			H	Descer Polyne	nt 📙
Caucasian		Filipino	H	Puerto	
Email Address		ПП		ajor or Area of Study (Tie	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
		Parent/Le	egal Guardian's Previous Mili	tary History	
Parent/Legal Guardian	Branch	Rank/Rate	Status (Active/Retired)	Co	mmissioning Source
READ CAREFULLY: Identify only the responsibility and leadership. Exar			-	y interested in identifying activit	ies in which an applicant has participated involving
Organization			itions Held	Hours/Week	Grades of Participation
					9 10 11 12
					9 10 11 12
				+	9 10 11 12
				+	9 10 11 12
			Athletic Activities		9 10 11 12
READ CAREFULLY: Identify only tho awards. Mark 'JV/Club' if you part			I grades 9-12. Mark the year(s) in whi	ch you were on the varsity tean	n. If you 'lettered' in the sport list that in the
Sport	Posit	tions Held	Awards/Recognit	tion JV/Club	Grades of Participation
					9 10 11 12
					9 10 11 12
					9 10 11 12
					9 10 11 12
			Other Activities	<u> </u>	
Attach additional sheets, if needed	l, to identify other act	tivities not listed above the	hat involve considerable responsibility	and leadership. List positions	held and the average number of hours devoted per





ment, so st Date			rship responsibi						
	To	Em	ployer Name	, Address &	Phone Number	Hours/ Week	Type o	f Work Performed	
						(alcortage in a			
AREFULLY:	Identify	only those vo	olunteering activ	ities in which yo		<b>/olunteering</b> nool grades 9-12. List the nu	ımber of hours performed per ye	ear in the box corresponding	g to the corre
ear and vo		ctivity. If oth	ner is selected, p	lease include a l	brief description of yo	our volunteer work in the re	marks. Attach additional sheets		
Grade		9	10	11	12	Volunteer Work Ren	narks		
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	willing	to attend	any universi	ty with a sim	l nilar program res	sulting in a Naval Com		Yes Yes	0
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Per Year I you be ou going	willing to be a	to attend 1st gener	any universi ation college	ty with a sim	I nilar program res arents did not co	mplete a 4-year colleg	e degree)?	O Yes	0
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		- Sharani	Village Control
Essay 2: Have you experienced any adversity in your life (parents divorced, single parent family, multip	le high schools, frequent mov	es etc.). I	f so,
describe the circumstances and how you met the challenges. (400 words or less)			
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 A		103	- 110
States? (If 'Yes', list the date, place of application, program applied for and current status of application.)	inited forces of the officed		
	the data place consider and	$\overline{}$	_
<ol><li>Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list current status of enlistment.)</li></ol>	t the date, place, service, and		
·		$\overline{}$	_
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or milit			
offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature			
4. Are you currently awaiting trail or sentence, on probation, under suspended sentence, or under any other type of m	ilitary 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	$\bigcirc$	
application, even if differences were only differences in spelling.)			$\cup$
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms a	and supporting and defending	$\cap$	
the constitution of the United States against all enemies, foreign and domestic?		$\cup$	
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.)		$\cup$	
8. Have you ever been arrested or convicted of trafficking illegal drugs?			
			$\cup$
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other kno			
drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken	n, period over which taken, 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 applicatio	n at any time.		
Applicant Signature	Date		
Parent/Legal Guardian Signature	Date		
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Medical History		4			A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Carlo Carlo Carlo
Answer the following questions. If you answer 'Yes' provide explanations in block 41  1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?  2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)?  3. Color vision deficiency?  4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?  5. Loss of balance or vertigo?  6. Hearing loss or use of a hearing aid?  7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?  8. Orthodonitic treatment? (if "yes", include completion or projected date of completion in block 41)  9. Too find or gum trouble (excluding cavities)?  9. Date of last dental exam:  9. Date of last dental exam:  9. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include cliea disease, irritable bowel syndrome, ulcer, reflux, esophagitis, galistones, hernia, or hepaticis?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  15. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  15. Vascular trouble (Raynaud's disease, accema, atopic dermatitis, severe acne)?  27. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  28. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  29. Allergic reaction to food, medications, lice: Accutane)? (List date completed or projected completion						
1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)? 2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)? 3. Color vision deficiency? 4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)? 5. Loss of balance or vertigo? 6. Hearing loss or use of a hearing aid? 7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)? 8. Orthodorfic treatment? (if "yes", include completion or projected date of completion in block 41) 9a. Tooth or gum trouble (excluding cavities)? 9b. Date of last dental exam: 10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)? 11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)? 12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)? 13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)? 14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only) 14b. Date of last menstrual period (females only): 15. Testicular or prostate trouble? (males only): 15. Testicular or prostate trouble? (males only): 16. Orthopedic problems of the back or neck? 17. Orthopedic problems of the back or neck? 19. Vascular trouble (to include sporiasis, ezzema, atopic dermatitis, sivere acne)? 20. Skin trouble (to include sporiasis, ezzema, atopic dermatitis, sivere acne)? 21. Prescribed systemic retinoid medications (i.e.: Accutane)? (list date completed or projected completion date in block 41.) 22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)? 23. Allergic reaction to food, medications, insects? 24. A positive PPD or been treated for tuberculosis? 25. Car, train, sea, or air sickness that required prescri	Height					
2. Surgery to Improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)?  3. Color vision deficiency?  4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?  5. Loss of balance or vertigo?  6. Hearing loss or use of a hearing aid?  7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?  8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)  9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Culcerative colitis or Crohn's disease)?  14a. Synecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last PAP smear (females only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  15. Orthopedic problems of the back or neck?  17. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?		Answer the foll	lowing questions.	If you answer 'Yes' provide explanations in block 41	Yes	No
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4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?  5. Loss of balance or vertigo?  6. Hearing loss or use of a hearing aid?  7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?  8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)  9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Castrointestinal trouble (to include celac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription m	2. Surgery to impro	ve vision (PRK, LA	SIK, LASEC, RK, intr	aocular lens implant, cross linking)?	0	0
5. Loss of balance or vertigo? 6. Hearing loss or use of a hearing aid? 7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)? 8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41) 9a. Tooth or gum trouble (excluding cavities)? 9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)? 11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)? 12. Castrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)? 13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)? 14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only) 14b. Date of last menstrual period (females only): 15. Testicular or prostate trouble? (males only): 15. Testicular or prostate trouble? (males only): 16. Orthopedic problems of the back or neck? 17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)? 19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)? 20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)? 21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.) 22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)? 23. Allergic reaction to food, medications, insects? 24. A positive PPD or been treated for tuberculosis? 25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	3. Color vision defi	ciency?			0	0
6. Hearing loss or use of a hearing aid?  7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?  8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)  9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include clear disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only):  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	4. Ear trouble (to ir	nclude perforated	ear drum, tubes in	ears, or other ENT surgery)?	0	0
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?  8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)  9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	5. Loss of balance of	or vertigo?			0	0
8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)  9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  14c. Date of Last PAP smear (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	6. Hearing loss or u	se of a hearing aid	<u>†</u> ?		0	0
9a. Tooth or gum trouble (excluding cavities)?  9b. Date of last dental exam:  10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  14c. Date of Last PAP smear (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	7. Nose, throat, or	sinus trouble (to i	nclude sinusitis, abs	scess, surgery on nose, sinuses or throat)?	0	0
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10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?  11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  15. Testicular or prostate trouble? (males only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	9a. Tooth or gum to	rouble (excluding	cavities)?		0	0
11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?  12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  15. Testicular or prostate trouble? (males only)  15. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	9b. Date of last der	ntal exam:				
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hepatitis)?  13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?  14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  14c. Date of Last PAP smear (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	11. Cardiac trouble	(to include chest	pain, palpitations, h	neart valve problems, surgery, high or low blood pressure)?	0	0
14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)  14b. Date of last menstrual period (females only):  14c. Date of Last PAP smear (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?		l trouble (to includ	de celiac disease, irı	ritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or	0	0
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14c. Date of Last PAP smear (females only):  15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	14a. Gynecologic tr	ouble (including e	endometriosis, poly	cystic ovarian disease, abnormal pap smear)? (females only)	0	0
15. Testicular or prostate trouble? (males only)  16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	14b. Date of last m	enstrual period (fe	emales only):			
16. Orthopedic problems of the back or neck?  17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	14c. Date of Last P	AP smear (females	s only):			
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?  18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	15.Testicular or pro	ostate trouble? (m	ales only)		0	0
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?  19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	16. Orthopedic pro	blems of the back	or neck?		0	0
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?  20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	17. Orthopedic pro	blems of the uppe	er extremities (fract	ure, dislocation, sprain, surgery)?	0	0
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?  21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	18. Orthopedic pro	blems of the lowe	r extremities (fract	ure, dislocation, sprain, surgery)?	0	0
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)  22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	19. Vascular troubl	e (Raynaud's disea	ase, blood clot or de	eep venous thrombosis, high blood pressure)?	0	0
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?  23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	20. Skin trouble (to	include psoriasis,	eczema, atopic der	rmatitis, severe acne)?	0	0
23. Allergic reaction to food, medications, insects?  24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	21. Prescribed systom	emic retinoid med	lications (i.e.: Accut	ane)? (List date completed or projected completion date in block 41.)	0	0
24. A positive PPD or been treated for tuberculosis?  25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	22. Blood disorders	s (anemia, thromb	ocytopenia, bleedir	ng disorders, disorder of the spleen)?	0	0
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?	23. Allergic reaction	n to food, medicat	tions, insects?		0	0
	24. A positive PPD	or been treated fo	or tuberculosis?		0	0
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?	25. Car, train, sea,	or air sickness tha	t required prescript	ion medication or avoidance of travel?	0	0
	26. Endocrine disor	ders (including dia	abetes, thyroid, ost	eoporosis)?	0	0





		Vaccount of the last of the la
Medical History (Continued)	Yes	No
27. Head injury, memory loss, amnesia?	0	0
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?	0	0
29. Frequent or severe headaches in the past 2 years?	0	0
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?	0	0
31. Evaluation or treatment for depressive disorder?	0	0
32. Evaluation or treatment for anxiety disorder or panic attacks?	0	0
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?	0	0
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?	0	0
35. Tumor or cancer?	0	0
36. Cold or heat injury?	0	0
37. Rhabdomyolysis?	0	0
38. Have you been prescribed medications in the last 12 months? (if "yes" list names, reason, and approximate dates used in Block 41)?	0	0
39. Have you EVER been hospitalized (including psychiatric)?	0	0
40. Have you EVER been rejected or discharged for military service for any reason?	0	0
Medical Comments		
Obtain and attach copies of applicable medical evaluation and treatment records if requested.		
I certify that all medical information provided by me is complete and correct to the best of my knowledge.  Applicant Signature  Date		





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

<b>Statements</b>
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1.	Old Dominion University will provide tuition*, fees, and roo NROTC preparation program as a Midshipman Candidate.	m & board for a one-year
2.	Provided you meet the criteria below, you will be awarded scholarship to Old Dominion University at the conclusion of your fi a Science/Technical major (Tier 1 / Tier 2 - 25 major b Maintain greater than 2.80 minimum GPA.  c Pass the Navy Physical Fitness Assessment once "Good Low" or better.  d Reside in the ODU ROTC Living Learning Center e Maintain good standing within the unit as determin Science.  f Dismissal or voluntarily dropping from the program Old Dominion University for any scholarship funds	rst year: s available). e a semester with a score of . ed by the Professor of Naval n will result in a debt owed to
3.	Upon completion of the first year, you will be financially rescosts (competitive room & board scholarships are available).	sponsible for room & board
Applicant S	* Scholarship provides for in-state tuition only. Out-of-state applicants are welcome to apply and car Common Market program for their state. https://www.sreb.org/academic-common-market ignature	n qualify for in-state tuition through the Academic  Date



# OLD DOMINION UNIVERSITY NPP APPLICANT FITNESS ASSESSMENT



#### INCLUDE COMPLETED SCORE SHEET WITH YOUR PNP APPLICATION

Applicant's Name (Last, First, MN):		
Applicants height (inches):	Applicant's weight:	
READ TO APPLICANT:		
"You are about to take the PNP Applicant Fitness Assess PNP scholarship application process by demonstrating you work when you have scored the maximum for any indiviewent. You have 25 minutes to complete the entire test. A record your score and the time the event was tested. If at requirements, the test will be terminated."	our level of physical fitness. You may cease idual event. Otherwise, do your best on each After you complete each event, the scorer wil	1
Start Time:		
Number of Crunches completed in 2 minutes:		
Number of Push-ups completed in 2 minutes:		
1 Mile Run Time:	seconds	
End Time:		
Evaluator's Signature:		
Evaluator's Printed Name:		
Evaluator's Title/Position:		
Date:		

#### 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 3 hours and 20 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 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, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB Control Number: 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: 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. 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 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: N01130-1 located at <a href="https://doctodescoord-ncity/bursey/social-ncity/bursey/soci DODwideSORNArticleView/tabid/6797/Article/570316/n01130-1.aspx. 3.ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to received 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. 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; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment of pepartment 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, 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 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? 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 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: Amount taken: Method by which taken: Inclusive dates of use (be specific): Were you convicted or arrested for the drug use admitted? Circumstances under which the drug use occurred such as experimentation, peer pressure, etc. (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	SIGNATURE OF APPLICANT
PRINTED NAME OF WITNESSING OFFICIAL	PRINTED NAME OF APPLICANT

# DEBARMENT AND SUSPENSION FROM RECEIPT OF FEDERAL ASSISTANCE STATEMENT FOR NATIONAL NAVAL RESERVE OFFICERS TRAINING CORPS APPLICATION (EXECUTIVE ORDER 12549, DEBARMENT AND SUSPENSION)

OMB Control Number: 0703-0026, Exp		
AGENCY DISCLOSURE STATEMENT		
data needed, and completing and reviewing the collection of information. Send burden, to the Department of Defense, Washington Headquarters Services, E.	erage 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the eccutive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02C09, Alexandria, VA 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	
PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS		
Responses should be sent to:  Commander Naval Service T 2601A Paul Jor Great Lakes, IL		
PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVA	CY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.	
9397 (Use of Social Security Numbers).  2. PRINCIPAL PURPOSE(S): The information you provide will be used to dete enroll you into NROTC and will be used by the Navy in its management of the	6.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order strmine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at <a <="" href="http://www.nrot.gov/https://www.nrot.g&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;scholarship applicants from previous or subsequent years, and to provide acar for recruitment purposes. Information you provide in this application is protect exception to the Act or one of the routine uses in 32 C.F.R § 701.112, &lt;a href=" https:="" td=""><td>creen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to demic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants ad by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an wunder, privacy.navy.mil/ and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be reon and notification of status may also be provided to your high school so they may assist with the final stages of the process. application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is a voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.</td></a>	creen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to demic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants ad by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an wunder, privacy.navy.mil/ and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be reon and notification of status may also be provided to your high school so they may assist with the final stages of the process. application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is a voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.
	EO) 12549, Debarment and Suspension, authorized establishing a appropriate cases, individuals and legal entities from participating in ance programs and activities.	
The General Services Administration (GS of persons excluded from non-procureme	A) is responsible for developing, maintaining and distributing a list nt programs.	
	barred, suspended or voluntarily excluded from programs and activities al assistance and benefits under EO 12549	
Transactions covered by this rule include,	but are not limited to:	
Non-procurement transactions between a scholarships, fellowships, contracts of ass	n agency and a person, including grants, corporation agreements, sistance, loans, loan guarantees, etc.	
	ule. A person currently debarred or suspended from receiving Federal for the NROTC College Scholarship Program.	
I,, PRINT FULL NAME	certify I am not debarred from participating in Federal financial assistance programs.	
Signature of Applicant	Signature of Witnessing Official	
Social Security Number	Printed Name of Witness	
Date	Date	
For NSTC use only:		
Applicant Serial #:		

#### 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 instructions. 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.

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 <a href="https://docid.defense.gov/Privacy/SORNsIndex/DODComponentArticle/View/tabid/7489/Article/6411/n01138-3.aspx">https://docid.defense.gov/Privacy/SORNsIndex/DODComponentArticle/View/tabid/7489/Article/6411/n01138-3.aspx</a>
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 admission 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, <a href="https://docid.ne/mail.ne/

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

. DISCLOS	of the process.  SURE: 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.  are 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: <a href="https://www.nrotc.navy.mil/scholarships_criteria.aspx">https://www.nrotc.navy.mil/scholarships_criteria.aspx</a>
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: <a href="https://www.nrotc.navy.mil/scholarships.aspx">https://www.nrotc.navy.mil/scholarships.aspx</a>
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.
Varning	: 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
NSTC -	1533/112 (06-14)