

**NROTC PREPARATORY SCHOLARSHIP (NPS)
APPLICANT PERSONAL DATA RECORD**

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.

Preferred submission method is via DOD-Safe: <https://safe.apps.mil/>

* A request link is required for submission.

* To obtain a request code, email your University NROTC point of contact.

OR, mail your responses to: Program Manager, NROTC Preparatory Programs, N923
Naval Service Training Command
320 Dewey Ave Bldg 3 Rm 214
North Chicago, 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 receive a NROTC Scholarship Reservation. If you are selected, 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/74_8_9/Article/6411/n01131-1.aspx, and N0180-3 located at http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/74_8_9/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 Preparatory Scholarship Reservations, 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.

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 Preparatory Scholarship Program.

FULL LEGAL NAME:

Last _____ First _____ Middle _____

Suffix (Jr., Sr., II, III, IV) _____

DATE OF BIRTH: Month_____ Day_____ Year_____

CURRENT AGE: _____ **AGE AT HS GRADUATION:** _____

SEX: ☐ MALE ☐ FEMALE **FULL SSN:** _____-_____-_____

PERMANENT ADDRESS/HOME OF RECORD (Street, City, State, Zip Code)

PHONE NUMBER (Include area code) _____

CELL PHONE (Include area code) _____

MAILING ADDRESS (If different than Permanent Address)

E-MAIL ADDRESS: _____

ARE YOU A U.S. CITIZEN?

- ☐ YES
- ☐ NO
- ☐ In process of obtaining citizenship

HOW OBTAINED?

- ☐ NATURALIZATION
- ☐ BIRTH
- ☐ **Proof of citizenship submission required for all applicants**

RACE (select all that apply)

- ☐ AFRICAN AMERICAN/BLACK
- ☐ ASIAN
- ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- ☐ AMERICAN INDIAN/ALASKAN NATIVE
- ☐ CAUCASIAN
- ☐ DECLINE TO RESPOND

ETHNIC BACKGROUND (select all that apply)

- ☐ AMERICAN INDIAN
- ☐ ASIAN
- ☐ CHINESE
- ☐ CUBAN
- ☐ ESKIMO
- ☐ FILIPINO
- ☐ HISPANIC
- ☐ INDIA INDIAN
- ☐ JAPANESE
- ☐ KOREAN
- ☐ LATIN AMERICAN HISPANIC
- ☐ MELANESIAN
- ☐ MEXICAN
- ☐ PACIFIC ISLANDER
- ☐ PUERTO RICAN
- ☐ VIETNAMESE
- ☐ OTHER-NOT IN OPTIONS _____
- ☐ NONE
- ☐ UNKNOWN

NAMES, ADDRESSES, AND DATES OF ATTENDANCE OF HIGH SCHOOL(S) ATTENDED
(LIST MOST RECENT FIRST)

DATE OF HS GRADUATION (MM/YY) _____ / _____

NAME OF PREPARATORY COLLEGE ATTENDING

☐ INTENDED UNIVERSITY START DATE (MM/YY) _____ / _____

☐ INTENDED ACADEMIC MAJOR _____

WERE YOU A MEMBER OF THE JROTC, CIVIL AIR PATROL (CAP) OR SEA CADETS?

☐ YES

☐ JROTC

BRANCH OF SERVICE: _____

☐ CAP

☐ SEA CADETS

NUMBER OF YEARS: _____

☐ NO

HAVE YOU EVER BEEN REJECTED FOR ANY BRANCH OF THE MILITARY SERVICE OR ROTC?

- ☐ YES (IF YES, EXPLAIN IN REMARKS BELOW)
- ☐ NO

REMARKS

ARE YOU CURRENTLY AN APPLICANT OF OR DO YOU INTEND TO APPLY FOR A ROTC PROGRAM OR SERVICE ACADEMY (OTHER THAN NPP) ?

- ☐ YES
- ☐ NO

IF YES, WHICH ACADEMY/ROTC PROGRAM?

- ☐ AROTC
- ☐ AFROTC
- ☐ NROTC
- ☐ USNA
- ☐ USCGA
- ☐ USMA
- ☐ USAFA
- ☐ USMMA

ARE YOU A FIRST GENERATION COLLEGE STUDENT?

- ☐ YES
- ☐ NO

GPA _____ **CLASS RANK** _____

SAT: **MATH** _____ **EBRW** _____

ACT: STEM _____ **ELA** _____ **COMPOSITE** _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HAVE NO CONVICTION OR BELIEFS WHICH WOULD PROHIBIT MY SERVING IN AN UNRESTRICTED MILITARY STATUS.

PRINT YOUR FULL NAME EXACTLY AS IT IS SHOW ON YOUR BIRTH CERTIFICATE OR AS SHOWN ON ANY OFFICIAL DOCUMENT WHICH CHANGES YOUR NAME.

APPLICANTS PRINTED NAME _____

APPLICANTS SIGNATURE _____

DATE _____

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* For additional questions, email brandon.m.rapp.civ@us.navy.mil