



Arizona State NROTC Sea Devil Prep Program



Personal Information

Name (Last, First, Middle)		Phone	
Current Mailing Address		Name of Parent/Guardian	
Place of Birth		Date of Birth	
		Address of Parent/Guardian	
Are you a US Citizen?	Yes	No	If naturalized, give date, place, court of jurisdiction, and certificate number.
Gender	Male	Female	
What is your race? Mark one or more of the categories below to indicate how you identify your race.	Ethnic Background (Optional)		
American Indian/Alaskan Native	Aleut	Korean	Other Asian Descent
Asian	Chinese	Latin American w/ Hispanic Descent	Other Hispanic Descent
African American/Black	Cuban	Melanesian	Other Pacific Island Descent
Native Hawaiian/Other Pacific Islander	Eskimo	Mexican	Polynesian
Caucasian	Filipino	Micronesia	Puerto Rican
Email Address		Intended Major or Area of Study (Tier 1 or Tier 2 Only)	

Parent/Legal Guardian's Previous Military History

Parent/Legal Guardian	Branch	Rank/Rate	Status (Active/Retired)	Commissioning Source

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. Examples: NJROTC, Student Government, Eagle Scout, etc

Organization	Positions 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	Positions Held	Awards/Recognition	JV/Club	Grades of Participation			
				9	10	11	12
				9	10	11	12
				9	10	11	12
				9	10	11	12



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Employment

List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

Dates		Employer Name, Address & Phone Number	Hours/ Week	Type of Work Performed
From	To			

Volunteering

READ CAREFULLY: Identify only those volunteering activities in which you engaged during school grades 9-12. List the number of hours performed per year in the box corresponding to the correct school year and volunteer activity. If other is selected, please include a brief description of your volunteer work in the remarks. Attach additional sheets if more space is needed.

Grade	9	10	11	12	Volunteer Work Remarks
Hospital / Candy Striper					
With Handicapped Elderly					
Tutor / Coach Children					
Other					
Total Volunteer Hours Per Year					

Would you be willing to attend any university with a similar program resulting in a Naval Commission? Yes No

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, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition)		
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?		
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 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 application at any time.

Applicant Signature	Date
Parent/Legal Guardian Signature	Date



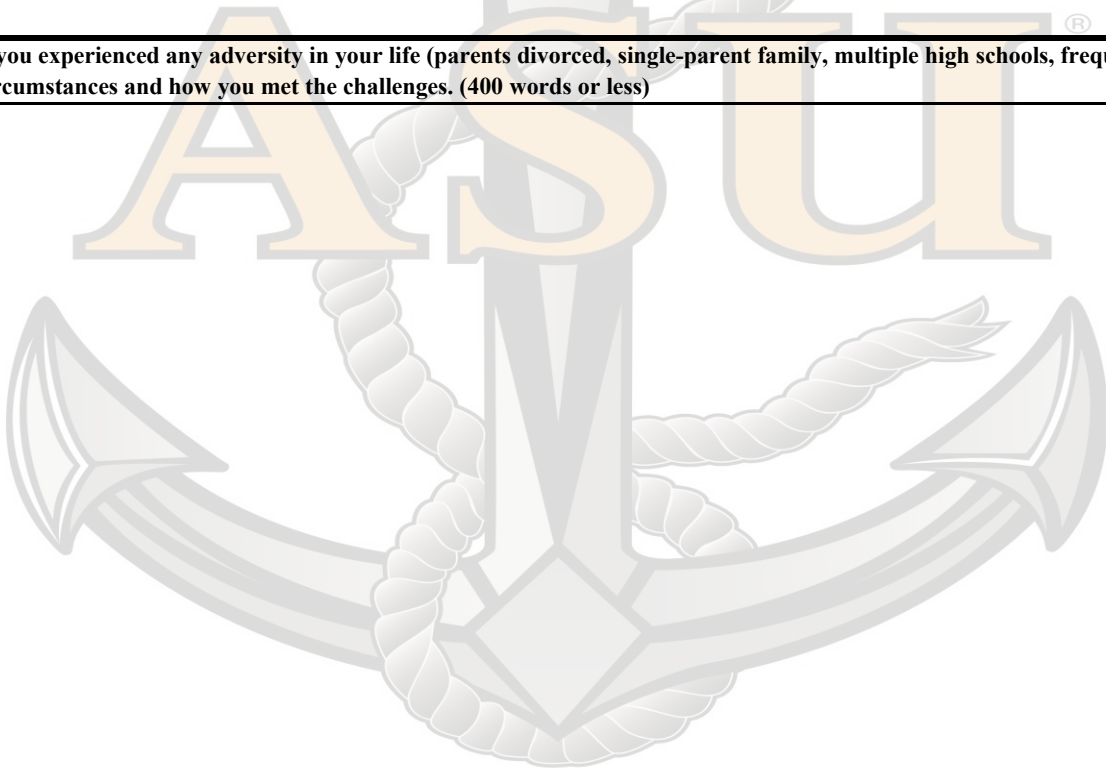
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Essay 1: Why do you want to become a Commissioned Officer through the Arizona State NROTC Program? (400 words or less)



Essay 2: Have you experienced any adversity in your life (parents divorced, single-parent family, multiple high schools, frequent moves etc). If so, describe the circumstances and how you met the challenges. (400 words or less)





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JROTC Senior Naval Science Instructor or High School Coach Recommendation

SNSI Information

Name		Phone
School	School Address	
Rank/Rate		

Candidate Information

Name		Ranking Comments (if any):
PNP Rank <small>(If more than one candidate applying)</small>	How long have you known the candidate?	

Questions

In your opinion, what is the applicant's number one priority?	Attending ASU	Commissioning	Obtaining a Degree
What is your assessment of the candidates leadership capacity?	Uninspiring	Inconsistent	Developing
	Capable	Motivational	Influential
How many hours does the applicant dedicate to JROTC/ or sports outside of the school day each week?	0-2	5-6	8+
	3-4	6-8	

Candidate Recommendation. Your recommendation should highlight the applicants' motivation to be a Naval Officer, address any impediments your student has overcome, as well as, any disadvantages limiting their high school academic development.

Signature	Date
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Arizona State NROTC Sea Devil Prep Program



Medical History

Height	Weight	Date of Last Sports Physical		
Answer the following questions. If you answer 'Yes' provide explanations in block 41			Yes	No
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 eardrum, 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 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?				
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?				



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Medical History (Continued)	Yes	No
27. Head injury, memory loss, amnesia?		
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?		
29. Frequent or severe headaches in the past 2 years?		
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?		
31. Evaluation or treatment for depressive disorder?		
32. Evaluation or treatment for anxiety disorder or panic attacks?		
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?		
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?		
35. Tumor or cancer?		
36. Cold or heat injury?		
37. Rhabdomyolysis?		
38. Have you been prescribed medications in the last 12 months? (if "yes" list names, reason, and approximate dates used in Block 41)?		
39. Have you EVER been hospitalized (including psychiatric)?		
40. Have you EVER been rejected or discharged for military service for any reason?		

Medical Comments

41. Explain all "Yes" answers to questions 1-40 above. Begin with the Item Number. Describe answer(s); provide date(s) of problem(s) /condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status (ongoing/resolved). Attach additional sheet(s) if necessary and sign and date each additional page. 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

NROTC APPLICANT FITNESS ASSESSMENT

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

PRIVACY ACT STATEMENT

AUTHORITY: 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), and System of Records Notice(s) (SORN) N01131-1.and N0180-3.

PURPOSE(S): The primary use of this information is for officials to administer the Naval Reserve Officers Training Corps (NROTC) Program, and to set forth the terms and conditions, including military service obligations, under which the Navy will be providing an NROTC scholarship. The information will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): These records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll, and those of the Veterans Administration, and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided may 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. 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. Information provided on this form is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNs can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

RETURN COMPLETED SCORE SHEET TO LOCAL NAVY RECRUITER

Full Name (First, MI, Last)

Height (inches) _____ Weight (lbs) _____

READ TO APPLICANT:

"You are about to take the Naval ROTC Applicant Fitness Assessment. The results of this test will be used in the NROTC scholarship application process by demonstrating your level of physical fitness. You may cease work when you have scored the maximum for any individual event. Otherwise, do your best on each event. You have 25 minutes to complete the entire test. After you complete each event, the scorer will record your score and the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated."

Start Time: _____

Number of Push-ups completed in 2 minutes: _____

Timed forearm planks:
(Maximum 3:25 Male/3:14 Female) _____

1 Mile Run Time _____ Minutes _____ Seconds

End Time _____

Evaluator's Signature: _____

Evaluator's Printed Name: _____

Evaluator's Title/Position: _____

Date Signed: _____

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.

- 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).
- 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>
- ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.
- DISCLOSURE:** The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

Complete all required sections on this form. *Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?
_____ Yes _____ No

2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals? _____ Yes _____ No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

a. Type of drug(s) used:

b. Approximate number of times used:

c. Amount taken:

d. Method by which taken:

e. Inclusive dates of use (be specific):

f. Were you convicted or arrested for the drug use admitted?

g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. _____(Initial): I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

4. _____ Date filled out and signed (MMM/DD/YYYY)

SIGNATURE OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESSING OFFICIAL

PRINTED NAME OF APPLICANT

For NSTC use only: Applicant Ser # _____

**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. _____

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- ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.
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On February 18, 1986, Executive Order (EO) 12549, Debarment and Suspension, authorized establishing a government-wide system for excluding, in appropriate cases, individuals and legal entities from participating in Federal financial and non financial assistance programs and activities.

The General Services Administration (GSA) is responsible for developing, maintaining and distributing a list of persons excluded from non-procurement programs.

The list indicates participants who are debarred, suspended or voluntarily excluded from programs and activities involving Federal financial and nonfinancial assistance and benefits under EO 12549

Transactions covered by this rule include, but are not limited to:

Non-procurement transactions between an agency and a person, including grants, corporation agreements, scholarships, fellowships, contracts of assistance, loans, loan guarantees, etc.

The NROTC Scholarships fall under this rule. A person currently debarred or suspended from receiving Federal financial assistance is not eligible to apply for the NROTC College Scholarship Program.

I, _____, certify I am not debarred from participating in Federal financial assistance programs.

PRINT FULL NAME

Signature of Applicant

Signature of Witnessing Official

Date

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 _____

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 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 <http://dpcidd.defense.gov/Privacy/SORNSIndex/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 eligibility. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <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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Please read and initial by each of the following statements below indicating your certification or understanding of each

CERTIFICATIONS

1. _____ I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.
2. _____ I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in an unrestricted military status. This includes the bearing of arms and supporting and defending the Constitution of the United States against all enemies foreign and domestic.
3. _____ I certify that I solely composed the essay(s) submitted with my electronic application.

STATEMENTS OF UNDERSTANDING

1. _____ I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores before my application will be processed.
2. _____ I understand that I must enroll in the Tier Major that is contained in my application that was presented before the board. See the following link for details on academic Tier Majors: https://www.nrotc.navy.mil/scholarships_criteria.aspx
3. _____ I understand that I will receive scholarship benefits for a maximum of four academic years. However, if I receive my Baccalaureate Degree earlier than four academic years, I shall not be eligible for any further scholarship benefits. See the following link for details on scholarship benefits: <https://www.nrotc.navy.mil/scholarships.aspx>
4. _____ I understand if I enter the NROTC program having already earned college credit, I am expected to use any allowable credits towards my degree to accelerate the completion of my Baccalaureate Degree.
5. _____ I understand that upon successful completion of the NROTC program I may be offered a commission in one of the Navy's Unrestricted Line communities (Surface Warfare, Submarine Warfare, Aviation, Special Warfare and Explosive Ordinance), requiring a minimum of five years of active military service. If I do not accept my commission, I may be required and have an obligation to pay back the government of the United States of America an amount equal to the benefits I received under the scholarship or serve a period of Active Enlisted Service at the discretion of the Secretary of the Navy.
6. _____ I understand that I will be required to sign and agree to the terms in the NROTC Scholarship Contract (NSTC 1533/135) upon activating my scholarship when I report to my assigned NROTC unit.
7. _____ I understand that if any of the information I provided herein or in any part of my application is inaccurate, false or misleading, it may result in my non-selection for an NROTC scholarship and make me ineligible for continued participation in the NROTC program.

Warning: Any intentionally false or misleading statement, certification, or response you provide is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature of Applicant

Signature of Witnessing Official

Printed Name of Applicant

Printed Name of Witnessing Official

Date

Date

MATH-ENGLISH-SCIENCE TEACHER EVALUATION

OMB CONTROL NUMBER: 0703-0026

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that, notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

sdsandli@asu.edu or

951 S, Cady Mall, Room 227
Tempe, AZ 85287

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

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

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNs can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Last Name, First Name, MI		

INSTRUCTIONS FOR THE SCHOOL OFFICIAL: This form is designed to assist in the process of evaluating a candidate's suitability for the Naval Reserve Officer's Training Corps (NROTC) program, and eventual service as a Naval Officer. Please evaluate the above-named applicant in the trait areas listed on a scale from one to ten, with ten being the highest. Use the space below each area to justify your evaluation. Your identity as the source of information relating to the applicant will be disclosed upon the applicant's request, unless you require confidentiality as a condition for furnishing any information. In such case, your identity will be held in confidence.

School Official's Name: _____
Title: _____

Do you desire confidentiality as a condition for providing information? Yes No

Team Player/Engaged. How the individual functions in a group setting, putting the group's goals ahead of their personal goals. Actively engages with their activities, organizations and groups, not a passive participant. Seeks out mentorship and feedback and gives back to the organizations they are members of. Seeks and builds connectedness.

SCORE

COMMENTS:

Communication. Demonstrates the ability to express oneself effectively in individual or group situations including gestures and other forms of nonverbal communication.

SCORE

COMMENTS:

Initiative. Recognizes deficiencies, takes action to correct them, and takes accountability for the results. Makes lasting improvements to process.

SCORE

COMMENTS:

Innovation. Innovation is the creation of a new idea, method, or device. Innovation is present when a candidate shows evidence of problem solving or finding new ways to do old things. Many students may be innovative in the way they work and not know it

SCORE

COMMENTS:

Toughness. The ability to thrive in any conditions. Demonstrates an ability to see difficult tasks through to completion and handle setbacks and stress. Accepts responsibility for their actions. Reflects on and learns from experiences. Has a culture of physical fitness.

SCORE

COMMENTS:

Leadership/Followership: Leadership is developing others and helping them reach their potential. Leaders enable teams to think more clearly, learn more rapidly and make better decisions faster and more accurately than our adversaries. Followership is the intentional practice on the part of the subordinate to enhance the performance of teams and achieve organizational objectives through interchange between the follower and the leader

SCORE

COMMENTS:

Character: Demonstrates integrity, accountability and professionalism. Has a solid understanding of what is right and possesses a foundational character that inspires trust and can be built upon to support the Navy's core values of Honor, Courage and Commitment.

SCORE

COMMENTS:

Use the space below to provide any additional comments you have concerning the candidate. (If desired).

Comments: