

Print out SINGLE sided only. Do not print out on both sides of the paper.

Scholarship Paperwork

Name All Caps

Last, First, Middle

Social Security Number

Home of Record

Birth Date YYYYMMDD

Student ID#

Cell Phone Number

STUDENT FILE INDEX

NAME (Last, First MI)

STATUS: Scholarship STA / MECEP Navy
 College Program MMR / USNR Marine Corps

- NROTC Honor Code (NSTC 1533/121) – Original
- NROTC Acceptance and Oath of Office (NSTC 1533/126) (Scholarship only)
- Dependency Application/Record of Emergency Data (NAVPERS 1070/602) w/SGLI Election (SGLV 8286) - First and Third Copies
- Copies of official correspondence originated at the unit and endorsements (LOA letters, probation letters, etc.)
- Orders, or copies thereof, with all endorsements (less any LES)
- Application for NROTC Scholarship/College Program - Original
- Check applicable:
 - NROTC 4-Year ASR Form (NSTC 1533/106)
 - NSTC - Controlled Scholarship Letter
 - NROTC College Program Application (NSTC 1533/133) *Destroy Interviewer's Appraisal Sheets
- Drug and Alcohol Abuse Statement of Understanding (OPNAV 5350/1) - Original
- NROTC Scholarship Service Agreement (NSTC 1533/135) or NROTC College Program Advanced Standing Service Agreement (NSTC 1533/127) - Original
- NROTC Service Agreement Review (NSTC 1533/132)
- Enlistment/Reenlistment Agreement(s) (DD Form 4) - Agreement to Extend Enlistment (NAVPERS 1070/621)
- Certificate of Release or Discharge from Active Duty (DD Form 214)
- General Purpose Privacy Act Statement (OPNAV 5211/12)

- Disclosure Accounting Form (OPNAV 5211/9)
- Individual NROTC Education Program Cost (NSTC 1533/113) Original (Scholarship Only)
- Birth Certificate (Certified to be a True Copy)
- Certificate of Naturalization - May use Certificate of Proof of Citizenship of Foreign Born Applicants for Enlisted (NAVMC 538) or Letter of Certification sighting Naturalization Papers
- Tattoo screening form, Navy or Marine Corps as appropriate.
- IRR Notification statement (1/C Midshipman only)

FILE MUST BE REVIEWED ANNUALLY

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____



Our nation's Naval service, made up of the Navy and Marine Corps, has successfully met every challenge. Between 13 October and 10 November 1775, the Continental Congress authorized a few small warships and a two battalions of Marines. Just after New Year's Day in 1776, five companies of Marines embarked aboard these new warships of the Continental Navy in Philadelphia and set sail. Eight weeks later and only 5 months after authorization by the Congress, 230 Marines & 50 Sailors assaulted across the beach in the Bahamas to capture gunpowder and weapons from a British fort. US Sailors & Marines had landed for the first time in history and the situation was well in hand. From those early days of naval expeditionary service, our bedrock principles have remained constant. Our core values of *honor*, *courage*, and *commitment* remain the distinguishing characteristics of the Naval Service.

Honor: *"I will bear true faith and allegiance ..."* I will conduct myself in the highest ethical manner in all that I do. I will abide by an uncompromising code of integrity, taking full responsibility for my actions and my word. I am accountable for my behavior, both professional and personal, and remain ever mindful of the privilege I have to serve my fellow Americans.

Courage: *"I will support and defend ..."* I will demonstrate the courage to meet the demands of naval service; to do what is right at all times, especially in the face of temptation or adversity. I will make decisions in the best interest of the nation without regard for personal consequence. I will adhere to the highest standard of personal conduct and decency. My moral courage will give me the strength to always do what is right.

Commitment: *"I will well and faithfully discharge ..."* I will demonstrate respect up and down the chain of command while caring for the professional and personal well-being of each of our people. I will treat everyone with human dignity and respect. I will work as part of the Navy-Marine Corps Team to accomplish each mission assigned and to insure the future of our nation.

A midshipman is a person of integrity and stands for that which is right. I tell the truth and ensure that the full truth is known, I do not lie. I embrace fairness in all actions. I ensure that work submitted as my own is my own, and that assistance received from any source is authorized and properly documented. I do not cheat. I respect the property of others and ensure that others are able to benefit from the use of their own property. I do not steal."

I have read and understand the NROTC Concept of Honor effective this date _____.

Signature of Midshipman

Signature of witness

NAVAL RESERVE OFFICERS TRAINING CORPS
ACCEPTANCE AND OATH OFFICE

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations) and 10 USC Sec. 2104, Subtitle A, Part III, Chapter 103 (Senior ROTC).

Principal Purpose(s): Used when administering the acceptance and oath of office for new Naval Reserve Officers Training Corps (NROTC) Midshipman.

Routine Purpose(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: Failure to provide the requested information may result in removal from the NROTC program and/or loss of scholarship benefits.

ACCEPTANCE

I, _____, having been permanently appointed as
Midshipman, (USNR/USMCR) from the _____ day of _____, _____ do
accept such appointment.

APPOINTEE SIGNATURE

OATH OF OFFICE

I, _____, having been appointed a midshipman, do
solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear
true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and
faithfully discharge the duties of office on which I am about to enter: So help me God.

APPOINTEE SIGNATURE

Subscribed and sworn to before me this _____ day of _____.

WITNESSING OFFICER PRINTED NAME

WITNESSING OFFICER SIGNATURE

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D.		2. SHIP OR STATION			3.		4.	
5. NAME OF SPOUSE				6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP		
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)				9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE		
11. ADDRESS OF SPOUSE		12. DEP						
13. NAME OF CHILD OR DEPENDENT				14. DATE OF BIRTH		15. RELATIONSHIP		
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						17. DEP		
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH		20. RELATIONSHIP		
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						22. DEP		
23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRTH		25. RELATIONSHIP		
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						27. DEP		
28. NAME OF CHILD OR DEPENDENT				28. DATE OF BIRTH		29. RELATIONSHIP		
30. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						31. DEP		
33. NAME OF FATHER		34. ADDRESS (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)						
36. NAME OF MOTHER								
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)						38. DEP		
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE		42. PLACE (CITY & STATE OR COUNTRY)		
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE		46. PLACE (CITY & STATE OR COUNTRY)		
47. OTHER			48. ADDRESS			49. RELATIONSHIP		
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)			51. ADDRESS			52. RELATIONSHIP		
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES			54. ADDRESS			55. RELATIONSHIP		56. %
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION			58. ADDRESS			59. %		
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)			61. ADDRESS			62. RELATIONSHIP		63. %
64. LIFE INSURANCE DATA (NAME OF CO)(DO NOT INCLUDE SGLI)			65. ADDRESS			66. POLICY NUMBER		
67. RELIGION		68.	69.	70. RANK / RATE		71. PAGE 1		72. OF PAGES 1
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN <input type="checkbox"/>		76. USNR <input checked="" type="checkbox"/>

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

78. REMARKS

Is beneficiary designation of S.G.L.I on file? YES NO

DATE (If Yes)

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE AND DATE

CERTIFICATION OF DESIGNATOR

I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and name someone other than your spouse or child as your beneficiary	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
are married and reduce or decline your coverage	The Branch of Service will notify your spouse that you reduced or declined coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> ■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim. ■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. ■ Naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	<p>Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account* or by check.</p> <p>*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ■ Write "36" under the Payment Option. ■ Your beneficiary cannot change this payment option.
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

1. About You

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Amount of SGLI Coverage	Duty Location	Branch of Service

2. About Your Coverage

I am completing this form to: *(Check all that apply)*

- Name or update my SGLI beneficiary. *You must complete sections 3 and 5.*
- Increase or restore my SGLI coverage to \$_____ *You must complete sections 3, 4, & 5.*
- Reduce my SGLI coverage to \$_____ *You must complete sections 3 & 5.*
- Decline (cancel) SGLI coverage. *You must complete section 5.*

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries

Complete this section unless you are declining coverage.

Primary Name and Address	Social Security Number <i>(If available)</i>	Relationship to you	Share to each <i>(% or \$ amounts)</i>	Payment Option <i>(Lump sum* or 36 equal monthly payments)</i>
1.				
2.				
3.				
4.				
Secondary				
1.				
2.				
3.				
4.				

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

4. About Your Health

Complete this section **ONLY** if you are restoring or increasing coverage.

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your gender Female
 Male

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

	Yes	No
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

5. Your Signature

You must complete this section.

I have read the instructions and understand that

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or **declining** SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

For Branch of Service Official Use Only

Received by Personnel Clerk	Rank, title or grade	Organization	Date
Approve Disapprove	OSGLI Representative		Date

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you ...	Then ...
are married and name someone other than your spouse or child as your beneficiary	The Branch of Service will notify your spouse that he or she is not the named beneficiary.
are married and reduce or decline your coverage	The Branch of Service will notify your spouse that you reduced or declined coverage.
have any life event such as marriage, divorce, or children after completing this form	You should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
want to name more than four primary or secondary beneficiaries	You must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S.
name minors as beneficiaries	<ul style="list-style-type: none"> ■ SGLI will pay the insurance benefit to the court-appointed guardian of the children's estate, if the beneficiary is a minor at time of claim. ■ You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. ■ Naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	SGLI will pay the shares equally among the remaining primary beneficiaries.
have no surviving primary beneficiaries	SGLI will divide the insurance benefit among the secondary beneficiaries.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	<p>SGLI will pay the insurance benefit in the following order:</p> <ol style="list-style-type: none"> 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to ...	Then ...
receive the insurance proceeds in one lump sum	<p>Write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account* or by check.</p> <p>*Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.</p>
receive the insurance proceeds in 36 equal monthly payments	<ul style="list-style-type: none"> ■ Write "36" under the Payment Option. ■ Your beneficiary cannot change this payment option.
have a choice	Write the phrase "lump sum" under Payment Option or leave blank.

**NAVAL RESERVE OFFICERS TRAINING CORPS DRUG AND ALCOHOL
STATEMENT OF UNDERSTANDING**

Authority: 5 U.S.C. 301 (Authorizing Forms and Regulations); 10 U.S.C. 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training), 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9397 (Use of Social Security Numbers); OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2 at 2-27 and 2-28.

Principal Purposes: To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.

Routine Uses: Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

STATEMENT OF UNDERSTANDING

I, _____ understand the following:
(Full name – first, middle, last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.
2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.
3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.
4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.
5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first, middle)

Signature:

Date:

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature:

Date:

Typed/Printed Name and Title of Witness

Signature:

Date:

NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT

Privacy Act Statement

AUTHORITY: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations), Executive Order 9397 (Use of Social Security Numbers), and 10 USC §§ 2104 (Eligibility for Advanced Training) and 2107 (Senior ROTC Financial Assistance Program).

PRINCIPAL PURPOSE(S): The primary use of this information is by 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.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 USC § 552a(b) of the Privacy Act and the routine uses set forth in 32 CFR § 701.112, 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.

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

This contract (the "**Contract**") is by and between the Department of the Navy (the "**Navy**") and _____
Full Name (Last, First, Middle)

_____ (the "**Student**") and sets forth the terms and conditions of the Student's participation in the Naval Reserve
Social Security Number

Officers Training Corps ("**NROTC**") Program (the "**NROTC Program**"). The Contract is effective as of the first day of the Academic Term (defined in Paragraph 3.b.(7)) in which it is signed (the "**Effective Date**"). The Student is attending _____
(the "**School**"), is assigned to the NROTC unit located at _____

(the "**Unit**") and is pursuing an academic major leading to a baccalaureate degree that falls in the following tier of preferred majors (the "**Tier**"):

(NOTE: The Tier was identified in the writing sent to the Student, notifying them they would be receiving an NROTC scholarship) (Check one) :

Tier 1/Tier 2

Tier 3

Language Regional Expertise and Culture Program Tier 3

The Student will be participating in the following NROTC Program (check one):

Navy Option

Marine Corps Option

Navy Nurse Option

1. PURPOSE. The Navy and the Student agree that the purpose of this Contract is for the Navy to provide the educational assistance identified in Paragraph 2.a. (collectively, the "**Scholarship Benefits**") to the Student in exchange for the Student's agreement to serve in the United States Navy or Marine Corps as a commissioned officer and to comply with all other Contract terms and conditions. For clarity, the Contract refers to the Student in the first person.

2. SCHOLARSHIPS

a. Scholarship Benefits. Subject to the terms and conditions in this Contract, the Navy will provide the following Scholarship Benefits:

(1) Tuition and Fees. The Navy will pay all tuition charged by the School for courses I take and all mandatory fees (such as health, student activity, library and transcript fees) imposed by the School on **all** full-time undergraduate students, which I cannot refuse but am obligated to pay. The Navy will **not** pay for:

(a) Fees or costs incurred in connection with any aviation or flight training course, including but not limited to: flight hours; licensing; fuel; aircraft rental; ground instruction; and aircraft service, repair or maintenance. The Navy will not pay for any of the foregoing fees or costs whether they are charged separately or are incorporated into the tuition charged for the course;

(b) Any fees or tuition above or in addition to those normally charged that are for an elective course (such as horseback riding or skiing) not required to complete my degree requirements or to fulfill any NROTC Program requirements, unless my Unit's Professor of Naval Science ("**PNS**") has determined in writing before I enroll in the course that taking the course would improve my understanding of a technical or scientific subject;

(c) Any fee that I incur because I withdrew from a course, or any course that I repeat because I initially failed the course, or any course from which I withdrew after a time when I could have received tuition credit or reimbursement, or any course that I am retaking in an effort to receive a better grade

(d) Refundable fees, such as deposits required to secure the use of an apparatus used in coursework;

(e) Charges I incur for breaking or damaging property;

(f) Fees assessed by the School for my failure to comply with any School requirement;

(g) Fees for advanced placement examinations, unless my Unit's PNS has determined in writing before I take such an examination, that I can thereby receive credit for courses required to complete my Tier that will enable me to receive my commission earlier than scheduled under this Contract, in which case the Navy will reimburse me for such fees; or

(h) Medical or dental insurance.

NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT (continued)

(2) Books. Each Academic Year, the Navy will pay me a book allowance in the amount then prescribed by the NROTC Program. For purposes of this Contract, "**Academic Year**" is defined as that period which begins on the first day the School's fall Academic Term and ends on the last day of the School's spring Academic Term, including the time during which I am taking required and scheduled end of term examinations.

(3) Monthly Subsistence Allowance. The Navy will pay me a monthly subsistence allowance. The amount of this allowance is prescribed by law and regulation and may change during the term of this Contract. I understand that I am not entitled to, and will not be paid a subsistence allowance for any period when I am on active duty, including but not limited to summer training and at-sea training, times when I will be receiving active duty pay.

(4) Training Pay and Travel Costs. The Navy will place me on active duty and pay me for participating in summer training or at-sea training at the rate established for U.S. Naval Academy midshipmen. I will be entitled to such pay from the day I arrive at the training site to the day I depart. I understand that I am not eligible for training pay while I am traveling to and from the training site. I also understand that my travel costs to and from the training site are payable by the Navy in accordance with applicable travel regulations.

(5) Uniforms. The Navy will pay for the military uniform items prescribed for NROTC Program midshipmen by the Navy Uniform Regulations or, if I am a Marine Corps Option Student, by the applicable Marine Corps Order. I understand that I will control and dispose of these items in accordance with the NROTC Program's Regulations for Officer Development, Naval Service Training Command Instruction 1533.2 as now issued and as amended from time to time (the "**Regulation**"). I understand that this Scholarship Benefit is limited to military uniforms only and that I am responsible for purchasing any other item of clothing required by my Tier or for any course of study.

b. Term of Scholarship Benefits. The Navy will begin providing me Scholarship Benefits on the first day of the first full academic term during which this Contract is in effect and will continue to do so for the period of time remaining until I receive a baccalaureate degree in my Tier. I understand and agree, however, that the Navy will provide the Scholarship Benefits for an Academic Year of up to ten (10) months (prorated the first Academic Year if I will not have been an NROTC Scholarship Student the entire Academic Year). I further acknowledge and agree that the Navy will not provide Scholarship Benefits for a total of more than forty (40) months (or, if I have been awarded a scholarship after I have begun my freshman year for the lesser period of time set forth in the writing that notified me I had been awarded an NROTC scholarship) unless I have requested a waiver in writing via my PNS and have been granted such a waiver in writing from Commander, Naval Service Training Command.

3. ELIGIBILITY

a. Initial Eligibility for Scholarship Benefits. I understand and agree that I must meet certain criteria to qualify for the Scholarship Benefits. I therefore warrant and represent that I:

- (1) Am a citizen or a national of the United States of America;
- (2) Have a high school diploma or an equivalent certificate;
- (3) Have been accepted by, and am enrolled as a full time student in, the School;
- (4) Am pursuing a course of study leading to a baccalaureate degree in the Tier;
- (5) Have no moral objections or personal convictions that will prevent me from obligating myself to bear arms and support and defend the Constitution of the United States against all enemies, foreign and domestic and I agree to take an oath obligating myself to perform such acts;
- (6) Have undergone a physical examination and have either (A) been found physically qualified to participate in the NROTC Program by a Department of Defense Medical Examination Review Board medical professional or (B) secured a waiver from the Navy for any disqualifying physical condition;
- (7) Have no condition that would disqualify me from military service as an officer or as an enlisted member;
- (8) Will be (A) at least 17 years of age on or before 1 September in the year in which I first enroll in the NROTC Program and (B) under 27 years of age on 30 June of the year I receive my commission; and
- (9) Have disclosed **all** information that may reasonably affect my eligibility for military service.

b. Continuing Eligibility for Scholarship Benefits. To continue receiving Scholarship Benefits following my initial selection, I must:

- (1) Be enrolled as a full-time student in, and remain in good standing with, the School, fulfilling all academic requirements;
- (2) Continue to pursue a baccalaureate degree in the Tier and not change my major, the type of degree I am pursuing or my Tier without the express prior written consent of my PNS;
- (3) If I have been selected as a recipient of a Two-Year NROTC scholarship (as defined in the Regulation), I must take and complete the prescribed Naval Science Institute course during the summer before I am enrolled in the NROTC Program and am appointed a midshipman;
- (4) Enlist in the U.S. Navy Reserves or U.S. Marine Corps Reserve (the "**Reserves**") as specified in Paragraph 5.b. of this Contract;
- (5) Remain qualified for military service as an officer, meeting all applicable requirements;
- (6) Not be in a leave of absence from, and remain in good standing with, the Unit, fulfilling all NROTC Program requirements, including those set forth in the Regulation; and

NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT (continued)

(7) Demonstrate active participation in the NROTC Program at the beginning of each Academic Term. I will be considered an active participant under this Paragraph if, for the first 45 days of each Academic Term, I am not on a leave of absence and am enrolled and participating in all aspects of the NROTC Program, including but not limited to, School courses, Naval Science courses and drill. Failure to comply with this 45-day requirement will (A) render me ineligible to receive any Scholarship Benefits for that Academic Term, meaning that I will be liable for any costs assessed by the School; and (B) make my eligibility for Scholarship Benefits for any future Academic Terms or course(s) of study voidable at the sole discretion of the Navy. For purposes of this Contract, "**Academic Term**" means the portion of the Academic Year (as defined in Paragraph 2.a.(2)), typically designated as a quarter or a semester, during which the School holds classes. Classes held or offered by the School during the summer or in between quarters, semesters or similar instructional periods, are not considered to be held during, and are excluded from the definition of, Academic Term.

4. INTERSERVICE TRANSFER/REASSIGNMENT TO A DIFFERENT NROTC UNIT

a. To a Non-Navy/Marine Corps NROTC Program. If I request a transfer to the ROTC program of a military service other than the Navy or Marine Corps, I understand that the Navy will treat this as a request for disenrollment from the NROTC Program.

b. To a Different NROTC Unit or NROTC Program School. If I request a transfer to a different NROTC unit or to a different educational institution that participates in the NROTC Program, I understand that the Navy will process my request in accordance with the Regulation. Such a transfer requires, among other things, the prior, written consent of the commanding officers of both the losing and gaining NROTC units. No such transfer shall be considered approved or effective without the prior, written consent of an authorized Navy official.

5. MILITARY SERVICE OBLIGATIONS

a. Incurring an Active Enlisted Service Obligation or Reimbursement. I understand and agree that I will incur either an active enlisted service or a reimbursement obligation, as specified in Paragraph 6, if I withdraw or am disenrolled from the NROTC Program after a certain date (the "**Commitment Point**"). To avoid incurring these obligations, I must have either been disenrolled from the NROTC Program by the Navy before the Commitment Point, or have withdrawn myself from the NROTC Program in a writing delivered to my PNS before the Commitment Point. If I am under 18 years of age, the writing notifying the PNS of my withdrawal must be signed by my parent or legal guardian. The Commitment Point is calculated as follows:

(1) If I am the recipient of a National Four-Year Scholarship awarded before I commence my studies at the School, the Commitment Point is the first day the Naval Science class convenes during the fall Academic Term of my second year in the NROTC Program, whether or not I am physically present in that class.

(2) If I have been awarded a scholarship while attending the School, and the scholarship will pay Scholarship Benefits for more than three Academic Years, the Commitment Point is the first day the Naval Science class convenes during the fall Academic Term of my second year in the NROTC Program, whether or not I am physically present in that class.

(3) In all other cases, the Commitment Point is the Effective Date of this Contract.

b. Enlistment in the Reserves. I understand and agree to enlist in the U.S. Navy or Marine Corps Reserves as follows:

(1) Entering the NROTC Program from Civilian Life. If I am entering the NROTC Program from civilian life, I will sign a DD Form 4 (or any forms then used by the Department of Defense to accomplish the same purpose), enlisting for eight (8) years from my date of enlistment.

(2) Entering the NROTC Program From Active or Inactive Duty

(a) From Active Duty. If I am entering the NROTC Program from active duty, I will be conditionally released from my active duty obligation and will sign a new enlistment contract for the period of time that I will be in the NROTC Program. On signing the new enlistment contract, I will be transferred to the Reserves, subject to the provisions of Paragraph 5.b.(2)(c) below. This release and transfer will be effective as of the day prior to my first day of class at the School. I understand that during the time I participate in the NROTC Program, I will be entitled only to the Scholarship Benefits and no other payments or benefits. I further understand that my release from any active duty obligations is conditioned on my continued participation in the NROTC Program.

(b) From Inactive Duty. If I am entering the NROTC Program from a reserve component, I will be conditionally released from my enlistment contract, and will sign a new enlistment contract for the period of time I will be in the NROTC Program, subject to the provisions of Paragraph 5.b.(2)(c) below. The new enlistment contract will provide that I will continue to serve in the reserve component but, during the period of time I am participating in the NROTC Program, I will be released from any drilling obligations and will not be called or ordered to active duty. This release and transfer will be effective as of the day prior to my first day of class at the School. I understand and agree that during the time I participate in the NROTC Program, I will be entitled only to the Scholarship Benefits and no other payments or benefits. I further understand and agree that my release from any active duty and drilling obligations is conditioned on my continued participation in the NROTC Program.

(c) Resumption of Previous Enlistment Obligation on Disenrollment. If I disenroll or am disenrolled from the NROTC Program, I will be required to serve any unexpired portion of my previous enlistment obligation according to its terms. I agree that my service as an NROTC midshipman will not be counted as service for purposes of fulfilling any existing enlisted service obligation and hereby waive any rights I may have under any law or regulation to the contrary. I understand that my completion of any unexpired enlistment obligation will not relieve me from the reimbursement or active enlisted service obligations described in Paragraph 6.

c. Commissioning as an Officer; Military Service Obligation. Upon my fulfillment of all Contract requirements, including my receipt of a baccalaureate degree in the Tier, and at the discretion of the Secretary of the Navy (the "**Secretary**"), I will be eligible for, and agree to accept a commission as, an officer in the U.S. Navy, either Restricted Line Officer (RL) or Unrestricted Line Officer (URL), or as an officer in the U.S. Marine Corps. The effective date of my commissioning (which may differ from the actual date I receive my commission) will be noted on the commissioning scroll as my date of rank ("**Date of Rank**"). I understand and agree that upon being commissioned, I will be discharged from my enlisted service obligation and incur a new military service obligation ("**MSO**") not to exceed eight (8) years from my Date of Rank. I understand that I cannot resign my commission before I complete this MSO. The time for me to report to duty and complete this MSO, however, may be extended at the discretion of the Secretary of the Navy if I am accepted into a program of graduate or professional study that would delay the commencement of my MSO. I further understand that my active duty service obligation will be extended if I am accepted into a program requiring additional military service and that I may be involuntarily retained on active duty in a time of war or national emergency. I will complete my MSO as follows:

NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT (continued)

(1) Active Duty Obligation. If offered a commission as a regular officer, I will serve on active duty for the following time period, depending on my NROTC Program status as identified in the preamble to this Contract:

- (a) If I am a Navy Option participant, five (5) years;
- (b) If I am a Marine Corps Option participant, four (4) years; and
- (c) If I am a Navy Nurse Program participant, four (4) years.

(2) Total Service Obligation. If my regular commission is terminated before the sixth anniversary of my Date of Rank, I will accept an appointment, if offered, in the reserve component of the Navy or Marine Corps and will not resign until I have fulfilled the remainder of my MSO.

(3) Reserve Assignment. If offered a commission in the reserve component of the Navy or U.S. Marine Corps, I will serve in that reserve component until I have fulfilled my MSO.

(4) Combination of Active and Reserve Duty Assignment. If offered a commission in the reserve component of the Navy or U.S. Marine Corps with an obligation to serve on active duty at least two years, I will serve as requested until I have fulfilled my MSO.

(5) Secretary of the Navy Discretion. Notwithstanding anything to the contrary in this Paragraph 5, the Secretary, in his or her sole discretion, may determine that the needs of the Navy require that I be assigned to the Individual Ready Reserve (IRR) upon, or at any time after, my commissioning. My service in the IRR will count as fulfillment of my MSO, but not the active duty service obligation I incur under Paragraph 5.c.(1) above. If I am assigned to the IRR, I will be accumulating service time toward fulfillment of my active duty service obligation only during the time that I am activated for duty.

6. FAILURE TO FULFILL CONTRACT OBLIGATIONS; FAILURE TO COMMISSION

a. Reimbursement or Active Enlisted Duty Service Obligation. At the discretion of the Secretary of the Navy or his or her designee, I will be required to either (A) serve on active enlisted duty for a period of at least two (2) years or (B) reimburse the Navy for the cost of the tuition and fees I have incurred under Paragraph 2.a.(1), plus interest, if:

- (1) I fail to fulfill any terms or conditions of this Contract;
- (2) I become ineligible to serve as an officer prior to commissioning;
- (3) I am not offered a commission because the Navy has determined I lack the aptitude or am not suitable to be an officer;
- (4) I am disenrolled from the NROTC Program for any reason (including medical or physical disqualification); or
- (5) I refuse to accept a commission.

b. Non-dischargeable Debt. I understand that any reimbursement obligation I incur under this Contract is a debt to the United States of America and may not be dischargeable in bankruptcy.

7. GENERAL PROVISIONS

a. Subject to the Availability of Funds. The Navy's financial obligations under this Contract are contingent on the availability of appropriated funds from which payments due under this contract can be made. No legal liability on the part of the Navy for any payment may arise until funds are made available by Congress through the annual federal budget process and are then allocated to the NROTC Program.

b. Incorporation of Program Regulation by Reference. The most current version of the Regulation is hereby incorporated by reference as if fully set forth in this Contract. Any conflicts between the Regulation and this Contract will be resolved in favor of this Contract. A copy of the Regulation shall be made available to the Student by the Unit upon the Student's request or can be accessed online using the following hyperlink: [http://www1.netc.navy.mil/nstc/nstc_Directives/NSTC_Manuals/NSTC%20M-1533.2%20-%20Regulations%20for%20Officer%20Development%20\(ROD\)%20Programs%20-%20Change%201.pdf](http://www1.netc.navy.mil/nstc/nstc_Directives/NSTC_Manuals/NSTC%20M-1533.2%20-%20Regulations%20for%20Officer%20Development%20(ROD)%20Programs%20-%20Change%201.pdf).

c. Entire Agreement. This Contract represents the entire agreement of the parties concerning the matters addressed herein and supersedes any prior agreements, understandings, or representations.

d. Modification and Waiver. This Contract may be modified from time to time in writing signed by duly authorized representatives of each party. Oral modifications to this Agreement are not binding on any party. Unless expressly stated in a writing signed by a party, the waiver by a party of any act, duty, or obligation required under this Contract shall not be construed as a waiver of any other, or of any future, act, duty, or obligation to be performed by that party.

e. Captions and Headings. The captions and headings contained in this Contract are for reference purposes only and shall not affect in any way the interpretation of this Contract.

f. No Third Party Beneficiary. Nothing expressed or implied in this Contract is intended, or shall be construed, to confer upon or give any person or entity other than the Student and the Navy any rights or remedies by reason of, or under, this Contract.

g. Construction/Governing Law. This Contract is governed by, and shall be construed under, Federal law.

h. Divisibility. Any provision of this Contract declared or determined by any court, administrative tribunal or agency to be illegal or invalid will not affect the validity of the remaining provisions.

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER			
3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code)		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil Installation, City, State)			
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD)	6. DATE OF BIRTH (YYYYMMDD)	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) _____
 this date for _____ years and _____ weeks beginning in pay grade _____ of which
 _____ years and _____ weeks is considered an Active Duty Obligation, and _____ years and
 _____ weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
 enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
 authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
 reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)

a. **FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):**
 I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
 United States (list branch of service) _____ for a period not to exceed
 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
 a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
 limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
 understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
 I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
 described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
 recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
 WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) _____
 for enlistment in the Regular component of the United States (list branch of service) _____
 for not less than _____ years and _____ weeks.

b. **REMARKS:** (If none, so state.)

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE
 ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**
 (Initials of Enlistee/Reenlistee) _____

(Continued on Page 2)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) _____

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
---	--

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (YYYYMMDD)
-------------------------------------	---------------------------

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) _____, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED (YYYYMMDD)
--	---------------------------

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

(Initials of Enlistee/Reenlistee) _____

NAME OF ENLISTEE/REENLISTEE <i>(Last, First, Middle)</i>	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
--	--

F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States *(list branch of service)* _____ for a period of _____ years and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) _____

which replace(s) Annex(es) _____

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED (YYYYMMDD)
---	---------------------------

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States *(list branch of service)* _____ in pay grade _____

b. NAME <i>(Last, First, Middle)</i>	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS <i>(City, State, ZIP Code)</i>

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (YYYYMMDD)
-------------------------------------	---------------------------

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME <i>(Last, First, Middle)</i>	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS <i>(City, State, ZIP Code)</i>

(Initials of Enlistee/Reenlistee) _____

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

GENERAL PURPOSE PRIVACY ACT STATEMENT

PART A - IDENTIFICATION OF REQUIREMENT

1. REQUIRING DOCUMENT (Describe - SECNAVINST, OPNAVNOTE, SECNAV ltr, etc.)
OPNAV 5211/12

2. SPONSOR CODE
NONE

3. DESCRIPTIVE TITLE OR REQUIREMENT (Form title, report title, etc.)
NROTC Student File and associated documents

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY
5U.S.C. 562a (Privacy Act of 1974)
5U.S.C. 552 (Freedom of Information Act)

2. PRINCIPLE PURPOSE(S)
The NROTC Student File is maintained by the parent Naval Reserve Officer Training Corps Unit and is used to document a person's performance while enrolled as a member of the NROTC Program.

3. ROUTINE USE(S)
The NROTC Student File is used routinely to document a person's performance while enrolled as a member of the NROTC Program.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION
Disclosure of information is voluntary but failure to provide requested information could result in failure to obtain permission to enroll in the NROTC Program or disenrollment from the NROTC Program.

PART C - IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT

1. FORM NO./REPORT CONTROL SYMBOL/ OTHER IDENTIFICATION
None

PRIVACY ACT STATEMENT

INDIVIDUAL NAVAL RECRUIT OFFICERS TRAINING CORPS EDUCATION PROGRAM COST

Privacy Act Statement

Authority: The authority to request this information is contained in 5 USC § 301 (Authorizing Forms and Regulations), Executive Order 9397 and 10 USC, Subtitle A, Part III, Chapter 103 (Senior ROTC).

Principal Purpose(s): For use by Naval Reserve Officers Training Corps (NROTC) scholarship students to acknowledge payment of their expenses.

Routine Use(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, as used in <http://www.privacy.navy.mil>.

Disclosure: Students are required to acknowledge proper payment of their expenses. Failure to provide the requested information may result in removal from the NROTC program and/or loss of scholarship benefits

General Information

Name	Date Enrolled	Projected Graduation
NROTC Unit	School/University	Major

Education Program Cost by Term

Term	Date: (From)	(To)	
Tuition/Fees	Books	Lab Expenses	TOTAL
\$	\$	\$	\$

I have reviewed these costs and acknowledge they have been paid in my behalf.

Signature	Date
-----------	------

Term:	Date: (From)	(To)	
Tuition/Fees	Books	Lab Expenses	TOTAL
\$	\$	\$	\$

I have reviewed these costs and acknowledge they have been paid in my behalf.

Signature	Date
-----------	------

Term:	Date: (From)	(To)	
Tuition/Fees	Books	Lab Expenses	TOTAL
\$	\$	\$	\$

I have reviewed these costs and acknowledge they have been paid in my behalf.

Signature	Date
-----------	------

Term	Date: (From)	(To)	
Tuition/Fees	Books	Lab Expenses	TOTAL
\$	\$	\$	\$

I have reviewed these costs and acknowledge they have been paid in my behalf.

Signature	Date
-----------	------

Term:	Date: (From)	(To)	
Tuition/Fees	Books	Lab Expenses	TOTAL
\$	\$	\$	\$

I have reviewed these costs and acknowledge they have been paid in my behalf.

Signature	Date
-----------	------

SHIP OR STATION:
COMMANDING OFFICER, NROTC UNIT VIRGINIA TECH, BLACKSBURG VA 24061-0241

COMMUTATION IN LIEU OF UNIFORMS FOR ENROLLED MEMBERS OF NROTC

It is Department of Defense Policy that standard uniform commutation rates for the basic NROTC course (first two years) and the advanced course (third and fourth years) shall be paid by the government after cadets have been enrolled in the NROTC Program under the following criteria:

New NROTC enrollees: the first semester after taking the Scholarship or College Program oath shall qualify as an initial probationary period.

All other students: must remain in good standing with the NROTC Unit through the first day of the second semester to receive payment for that year.

Students disenrolled from the NROTC Program Prior to the above guidelines will not be eligible for the uniform commutation allowance, and the student will be responsible for payment.

I, _____, understand that if I disenroll from the program during the probationary period as explained above, I will not be eligible for the uniform commutation fund and will be liable to pay uniform charges to the university.

Witness

Signature

Date

NAME (Last, First, Middle)	SSN	BRANCH AND CLASS NROTC/USN
----------------------------	-----	-------------------------------

UNITED STATES NAVY TATTOO SCREENING CERTIFICATE

NAME (Last, First, Middle, Jr., etc.)	Date:
---------------------------------------	-------

	YES	NO
1. Does the applicant/candidate have any tattoos/body art/branding?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any tattoo/body art/brand exposed on the neck while wearing a properly fitted crew neck T-shirt?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any tattoo/body art/brand visible while wearing a crew neck T-shirt or Navy Service Uniform exceed the area of the wearer's hand, with fingers extended and joined with the thumb touching the base of the index finger?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant/candidate ever had any tattoo, body art or brand removed?	<input type="checkbox"/>	<input type="checkbox"/>

Any "Yes" response to item 2, 3, or 4 above requires an enlistment eligibility determination by NAVCRUITDIST CO.

	YES	NO
5. Are any of the tattoos/body art/brands on the neck, face (excluding cosmetic tattoos) or scalp?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any of the tattoos/body art/brands visible above the collar of a properly fitted open collar uniform shirt? (Excluding cosmetic tattoos)	<input type="checkbox"/>	<input type="checkbox"/>
7. If applicable, are cosmetic tattoos applied in good taste with natural color enhancement and of a conservative nature?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are any of the tattoos/body art/branding representative of gang membership, advocate racial, ethnic, racial discrimination, sexism (including expressions of nudity), drug related, obscene, or are prejudicial to good order, discipline, and morale, or are of a nature to bring discredit upon the Navy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are any of the tattoos a result of a specific activity? (i.e., specifically an illegal activity or as a result of any violation of law (s))	<input type="checkbox"/>	<input type="checkbox"/>

Any "Yes" response to items 5, 6, 8, or 9 above is disqualifying, not authorized for Enlistment. Any "No" response to Item 7 is disqualifying, not authorized for Enlistment.

NOTE: All **questionable body markings**, due to content, size, number, and/or location, shall be forwarded to NAVCRUITCOM for eligibility determination.

Applicant Signature	Date	Recruiter Signature	Date
---------------------	------	---------------------	------

Description of tattoos, brands, and/or body ornamentation:

Explain tattoo, brand, and/or body ornamentation removal process, if applicable.

CO/XO/R-OPS/EPDS Reviewing Comments:

CO/XO/R-OPS/EPDS Signature	Typed Name:	Date:
----------------------------	-------------	-------

MIDSHIPMAN DATA SHEET

NAME Last First MI Suffix Social Security Number

[] [] [] [] [] []

Report Date (ex. May 90) Program (sch,cp) Effective Date (ex. 10May 90) Midn Class (1-4/C) Option (Navy,Marine)

[] [] [] [] []

Previous Status (LOA, Prob, CP, SCH) (Prev. Military)

Date of Birth Place of Birth

Height [] Weight [] Eye Color [] Hair Color []

Blood Type [] Ethnic Background []

High School Attended [] Year Grad []

Colleges Attended [] SAT/ACT []

Virginia State Resident Yes [] No []

VTCC Company Assignment [] Academic Major []

Local Address []

Local Phone [] Intended Graduation Date (Month/Year) []

PARENT/GUARDIAN DATA

(Circle One)

Married (Living Together)/Divorced/Separated/Other

Parent/Guardian Name (circle one)

Relation	First	MI	Last	Title

Address	City	State	Zip Code

Home Phone ()

Relation	First	MI	Last	Title

Address (if different from above)

City	State	Zip Code

Home Phone (if different from above)

()

MILITARY/OTHER VIPs (Close Relatives)

Title/Name/Relation

Address

PRIVACY ACT OF 1974

The attached data sheet contains personal information concerning an individual of the Virginia Tech NROTC Unit. The information will become a permanent part of your personal record. The information provided will not be divulged without your written authorization for any reason other than appropriate administrative uses related to the NROTC program. Its use and disclosure is governed by the Privacy Act of 1974.

OPMIS FORM

PLEASE COMPLETE THE FOLLOWING:

- 1. Social Security Number:
- 2. Last Name:
- 3. First Name:
- 4. Middle Initial:
- 5. Class Year:
- 6. Option Code: A one character code that denotes whether a student is Navy or Marine option.
N= Navy
M= Marine
O = Other (Placement, NSI)
- 7. Program Code:

A two character code indicating the specific scholarship or college program contract a student has established with the Navy. These codes may be entered by the unit only on an initial enrollment of a student into the ADS. Any changes will be entered by CNET only. Broken down into two separate parts:

First Part

- 1 = PNS Engineering Scholarship
- 2 = PNS Minority Scholarship
- 4 = National Competition Scholarship
- 5 = College Program
- 6 = CNET Controlled Scholarship (PNS Nominee)
- 7 = Restricted Line Nurse Program

Second Part

- A. = Four Year
- B. = Three Year
- C. = Two year
- D. = One Year
- E. = ECP student
- F. = Financial hardship (KCP only)
- G. = CEC – ECP
- N. = Nuclear Student (Eep only)
- S. = Pre-selected Three Year Scholarship (First digit must be a "S")

Placement - All four year scholarship recipients will have "4A" entered automatically.

ECP - Uses codes SE, 5F, 5G and 5N.

NSI - uses 5C and 4C.

- 9. Date of Birth:
- 10. Sex:

11. Race:

- A = American Indian or Alaska Native
- B = Asian
- C = Black or African American
- D = Native Hawaiian or other Pacific Islander
- E = White

12. Ethnic:

A student's ethnic group (segments of the population that possess common characteristics significantly different from that of the general population). This entry is for all students.

- 1 = Other Hispanic Descent (Includes all personnel of Spanish extraction, except when delineated separately)
- 2 = U.S./Canadian Indian Tribes (Persons belonging to U.S. or Canadian Indian Tribes other than Aleut or Eskimo)
- 3 = Other Asian Descent (Persons of Asian descent not delineated separately as Chinese, Japanese, Korean, Indian, Filipino, or Vietnamese)
- 4 = Puerto Rican (Persons of Puerto Rican descent)
- 5 = Filipino (Persons from the Philippine Islands and their descendants)
- 6 = Mexican (Includes Chicano)
- 7 = Eskimo (Does not include Aleuts)
- 8 = Aleut (Persons of Aleut descent)
- 9 = Cuban (Persons of Cuban descent)
- D = Indian (Persons from India and their descendants)
- E = Melanesian (Melanesian descent)
- G = Chinese (Persons of Chinese descent)
- J = Japanese (Persons of Japanese descent)
- K = Korean (Persons of Korean descent)
- L = Polynesian (Persons of Polynesian descent)
- Q = Other Pacific Island descent (Pacific Islands and their descendants not delineated separately)
- S = Latin American with Hispanic descent (Persons from Central and South America and descendants who have Spanish heritage)
- V = Vietnamese (Persons of Vietnamese origin and their descendants)
- W = Micronesians (Persons of Micronesian descent)
- X = Other (A member of an ethnic group not included above)
- Y = None (Not Associated with any particular ethnic group)
- Z = Unknown (Self-explanatory)

13. Physical Status

14. Waiver granted (if applicable)

15. Home State:

16. Resident Code:

A one character field indicating the residential status of a student with a respect to the college he/she is attending.

N = Nonresident

R = Resident

P = Private School

17. Date Enrolled:

18. Date of Scholarship:

19. Date Committed

20. End of Obligated Service:

21. Estimated Date of Commissioning:

22. Active Duty Status (If applicable)

23. Previous Military Service:

A one character field indicating the branch of military service in which a student served on active duty prior to commissioning in the U.S. Navy or U.S. Naval Reserve.

A = Active Army commissioned service

B = Active Air Force commissioned service

C = Active Coast Guard commissioned service

D = Active Marine Corps commissioned service

E = Active National Guard commissioned service

F = Active Fore an commissioned service

G = Other active commissioned service

N = Active Navy enlisted service

P = Active Army enlisted service

Q = Active Air Force enlisted service

R = Active Coast Guard enlisted service

S = Active Marine Corps enlisted service

T = Active National Guard enlisted service

U = Active foreign enlisted service

V = Other active enlisted service

24. Source Code: A one character field identifying the organized military or academic program a student was enrolled in prior to entry into the NROTC program.

I = NSI

J = NJROTC

T = BOOST

V = ACDU Navy

C = ACDU Marine Corps

O = Other

MECEP - T = BOOST

“ ” = all others

25. History:

Eight one digit fields to indicate special program tracking as indicated.

Block 1 "Type JROTC"

Blank = No JROTC

F = Air Force

A = Army

N = Navy

M = Marine

Block 2 "Marital Status"

M = Married

D = Divorced

S = Single

Block 3 "Number of Dependents" (for whom you are responsible)

0 = 0

1 = 1 through 9 = 9

Block 4 "Percentile High School Rank"

0 = Not Applicable (GED)

1 = Top 20%

2 = Top 40%

3 = Top 60%

4 = Top 80%

5 = below top 80%

Block 5 "Eagle Scout"

Y = Yes

N = No

Block 6 "Military" (Child of Career Military Member)

Y = Yes

N = No

Block 7 "High School Type"

0 = Not applicable (GED)

1 = Public (Graduating class greater than 100)

2 = Public (Graduating class less than 100)

3 = Private School (Graduating class greater than 100)

4 = Private School (Graduating class less than 100)

Block 8 "Demographic Type"

1 = Urban (City greater than 500,000)

2 = Suburban (City less than 500,000)

3 = Rural, farming/country environment

26. ACT or SAT Scores (Composite, Math, Verb)