



Prerequisites for College Program Application

1. Motivated to serve as a commissioned officer in the U.S. Navy or Marine Corp
2. Be a U.S. or naturalized citizen or have submitted naturalization papers
3. Be enrolled full time at University of Idaho or Washington State University
4. Be a high school graduate or possess an equivalent certificate
5. Have no apparent physically disqualifying factors on a review of Report of Medical History (DD Form 2807-1)
6. Have the ability to meet the height and weight requirements of the U.S. Navy and Marine Corp
7. Have no felony convictions or convictions by court martial
8. Not awaiting criminal trial or sentencing
9. Meet department of Navy requirements concerning drug or alcohol use in accordance with OPNAVIST 5350/1
10. Have no body piercings or tattoos that violate U.S. Navy or Marine Corp policy
11. Have at least three years of college course work remaining until they receive a college degree

Application Checklist:

- High school or college transcript (official or unofficial)
- College Program Application NSCT Form 1533 (2 pages)
- Medical History DD Form 2807-1 (3 pages)
- Personal Data Questionnaire
- Copy of Letter of Acceptance to University of Idaho or Washington State University
- Physical Fitness/Readiness Test Form
- Optional - Letters of Recommendation

Send completed applications to:

College Program Advisor
University of Idaho NROTC
875 Perimeter Drive, MS 3236
Moscow, Idaho 83844-3236

Fed-Ex Address:

College Program Advisor
University of Idaho NROTC
1212 Blake Avenue 2nd floor
Moscow, ID 83844-3236

**NAVAL RESERVE OFFICERS TRAINING CROPS
COLLEGE PROGRAM APPLICATION**

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC §301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

Principal Purpose(s): To be completed by applicant for the Naval Reserve Officers Training Corps (NROTC) College Program.

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

Disclosure: You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

Personal Information

Name		SSN (last 4)	Phone	Cell Phone
Current Mailing Address			Name of Parent/Guardian	
			Address of Parent/Guardian	
Place of Birth		Date of Birth		
Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No		If naturalized, give date, place, court of jurisdiction, and certificate number.		
Select Service <input type="radio"/> Navy <input type="radio"/> USMC				

Military Experience and Training (Past and Present, if any)

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Program	Position(s) Held	Awards		Grades of Participation
JROTC				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Civil Air Patrol				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Other (NDCC etc.)				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Extracurricular Activities

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

Organization	Position(s) Held	Hours/Week	Grades of Participation
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Athletic Activities

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

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
			<input type="checkbox"/>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

**NAVAL RESERVE OFFICERS TRAINING CROPS
COLLEGE PROGRAM APPLICATION**

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 and Address	Hours/Week	Type of Work Performed
From	To			

EDUCATION

List in reverse chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates		School Name and Address	Major	Degree
From	To			

ACADEMICS

PSAT	Verbal: _____	Math: _____
SAT	Verbal: _____	Math: _____
ACT	Verbal: _____	Math: _____

High School Name: _____
Class Rank: _____ GPA: _____
Class Size: _____ GPA Scale: _____

Answer the following questions. If you answer 'Yes', provide explanations on an additional sheet.

	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If 'Yes', list the date, place of application, program applied for and current status of application.)	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
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 of the case.)	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>

I certify that all information given by me is complete and correct to the best of my knowledge.

I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my applicant at any time.

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

NROTC COLLEGE PROGRAM OATH

I do solemnly 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 the office on which I am about to enter. So help me God.

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

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
September, 30 2021

The public reporting burden for this collection of information is estimated to average 10 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 FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary Of Defense For Personnel And Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted.

ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: <http://dpdd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/>

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2.a. SOCIAL SECURITY NO.	b. DoD ID NO. (If applicable)	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)		
b. HOME TELEPHONE (Include Area Code)			
c. EMAIL ADDRESS			

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION	b. USUAL OCCUPATION
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Retention <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement	
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)			9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	12. (Continued)	YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
---	------------------------	-------------------------------

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO	
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:			
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>		d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>		20. Have you ever been treated in an Emergency Room? (If yes, for what?)		
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>		21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)		
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>		23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)		
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)			
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)			
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)			
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)			
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?			
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>				
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>				
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>				
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>				
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>				
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>				
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>				
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>				
18. FEMALES ONLY. Have you ever had or do you now have:						
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>				
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>				
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>				
d. First day of last menstrual period (YYYYMMDD)						
e. Date of last PAP smear (YYYYMMDD)						

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."



PERSONAL DATA QUESTIONNAIRE

Name (Last, First, Middle): _____

Date of Birth: _____ (Example 01JAN2010)

Mailing Address: _____

Phone Number: (____) _____ Email: _____

Place of Birth (City State): _____

Service Option (Circle One): **NAVY** or **MARINE CORPS**

Height (inches): _____ Weight (lbs): _____

What is your intended college major and minor? _____

What University will you be attending?

____ University of Idaho ____ Washington State University

Physical Fitness Standards:

Incoming students must meet or exceed the following minimum physical fitness standards to remain in good standing in the NROTC Program:

For the Marines:

<https://www.fitness.marines.mil/>

Official PFT and CFT:

https://www.fitness.marines.mil/PFT-CFT_Standards17/

Regulations for Officer Development:

[https://www.mcrc.marines.mil/Portals/95/NSTC%20M-1533.2C%20Ch-2%20\(ROD%20Jan%202019\).pdf?ver=2019-10-04-124619-907](https://www.mcrc.marines.mil/Portals/95/NSTC%20M-1533.2C%20Ch-2%20(ROD%20Jan%202019).pdf?ver=2019-10-04-124619-907)

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2023

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0702-0026, 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:

Commander
Naval Service Training Command
2601 A Paul Jones Street
Great Lakes, IL 60088

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

Naval Station Training Command 1533/101 (11-19) Drug Statement For Naval Reserve Officer Training Corps 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 Notice (SORN) N01130-1.

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 SORN can be found at the following link: <https://dpcld.defense.gov/Privacy/SORNSIndex?Page=32>

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.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

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

Privacy Act Statement

Authority: 5 USC §301 (Authorizing Forms and Regulations); 10 USC §§ 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training) and 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-1533.2A at 5-27 and 5-28

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

Routine Use(s): 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 MI 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-1533.2D. 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: _____



**NROTC University of Idaho and Washington State University
Applicant Physical Fitness Assessment Score Sheet**

APPLICANTS NAME (Last, First, Middle): _____

APPLICANTS HEIGHT (inches): _____ **APPLICANTS WEIGHT (lbs):** _____

READ STATEMENT 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: _____ **End Time:** _____

Number of Crunches completed in 2 minutes: _____

Number of Push-ups completed in 2 minutes: _____

1 Mile Run Time: _____ minutes _____ seconds

Evaluator's Signature: _____

Evaluator's Printed Name: _____

Evaluator's Title/Position: _____

Date: _____

****INCLUDE COMPLETED SCORE SHEET WITH YOUR COLLEGE PROGRAM APPLICATION PACKAGE***