

Instructions for completion

20. Race/Ethnicity (Check One)

21. Citizenship: Check One

22. Do you have any condition that could interfere with you participating in a normal college physical education course?: Yes or No 22a. (Yes needs explanation)

23. Have you ever received Medical Disability payments from any source?: Yes or No (23a. Yes needs explanation)

24. Next of Kin (Family member full Name) 24a. Address (Full address to include city, state and Zip Code)

24b. Phone number

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38. Other Scholarship: 39. JROTC Experience:

Section 3: Current or Prior Military Service (To Include Officer Producing Program)

Not Applicable: Go to Section 4

40. Are you currently in the Armed Forces? 40a. If yes, which branch:

40b. SMP Unit: list name and address of unit you are assigned to. 40c. Is your spouse currently a member of the Armed Forces? Yes or No

41. Have you ever been enrolled in an officer producing program? 41a. Were you ever disenrolled from the ROTC Program? 41b. Were you ever enrolled in a Service Academy?

41c. Were you ever discharged from the Armed Forces? Yes or No 41d. If yes, what type of discharge? 41e. If Yes, what was the RE Code? 41f. Months of "Active" Service:

41g. Were you discharged for medical reasons? Yes or No. 41h. If yes, explain.

41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program

At the top right side of pages two of six, print your last name and last 4 social security number (Pen)

Section 4: Student Statements

At the top right side of page two of six print your last name and social security number.

Read each block of information. Check the box that applies to you and put your initials beside each box you checked. Add any required information.

Your signature is required in two places at the bottom of the section, as well as the date. A printed and filled out copy of the form is required with those signatures and the date for turn in to the Army ROTC office.

Sections 5, 6 and 7: if received. Do Not Fill Out!!
