

# NROTC Preparatory Program (NPP) Scholarship



The Naval ROTC Preparatory Program Scholarship provides economically and/or academically disadvantaged applicants with a unique opportunity to earn a commission in the United States Navy. This scholarship provides an extra year of academics and military orientation focused on preparing students for NROTC success.

ODU applicants **MUST qualify and be classified as Virginia In-State students** for tuition purposes. For applicants who agree to a follow-on four year Naval ROTC scholarship contract to ODU, this scholarship provides tuition\*, fees, room & board for a one-year NROTC preparation program. NPP Scholarship recipients must meet the below criteria to be offered a follow-on NROTC scholarship to Old Dominion University.

## Requirements:

- Before starting, successfully complete a Department of Defense medical exam and NROTC indoctrination training
- Pursue a science / technical major (Tier 1 / Tier 2 - 25 majors available)
- Maintain greater than a 2.8 GPA (Minimum 12 college credits per semester)
- Pass the Navy Physical Fitness Assessment once a semester with a score of "Good Low" or better.
- Maintain good standing\*\* within the ROTC unit
- Reside in the ODU ROTC Living Learning Center

Immersed in history and tradition, the Old Dominion NROTC has proven to be a successful path to commissioning. Located near the largest naval station in the world, Old Dominion has access to many Navy and Marine Corp facilities, personnel, and activities in order to enhance and better prepare midshipmen for their endeavors as Naval Officers.

\* Scholarship provides for in-state tuition only. Out-of-state applicants are welcome to apply and can qualify for in-state tuition through the Academic Common Market program for their state. <https://www.sreb.org/academic-common-market>

\*\* Good standing is defined as maintaining academic, disciplinary and physical requirements per NSTC 1533.2D – Regulations for Officer Development and students must also demonstrate sufficient secondary education academic capabilities to begin NROTC required courses, as well as, receive a positive endorsement from the Professor of Naval Science.



## ODU Tier 1 or Tier 2 Options



Major	Tier
Biochemistry	2
Biological Oceanography	2
Biological and Physical Sciences	2
Biology, General and Life Sciences	2
Chemical Oceanography	2
Chemistry (other than Biochemistry)	2
Civil Engineering	2
Civil Engineering/Civil Technology	2
Computer Engineering	2
Computer Science	2
Dentistry*	2
Electric Engineering, General	1
Electrical and Electronic Engineering - Related Technologies	2
Engineering - Related Technologies	2
Environmental Engineering	2
Information Sciences and Systems	2
Marine Biology	2
Mathematics	2
Mechanical Engineering	1
Mechanical Engineering Technology	2
Modeling and Simulation Engineering	2
Nuclear Medicine Technology	2
Nursing (RN)*	2
Ocean and Earth Sciences	2
Physics	2

\*The NROTC program's mission is to produce Unrestricted Line Officers and ODU's NROTC does not offer the ability to commission as a Naval Nurse or Dentist.



# Old Dominion University NROTC Preparatory Program Scholarship Application



Checklist	
	<b>ODU NROTC Preparatory Program (NPP) Scholarship Application</b>
	<b>SAT/ACT Official Report</b>
	<b>High School Transcripts with Class Rank</b>
	<b>Full-length photograph of applicant wearing NJROTC uniform as applicable</b>
	<b>SNSI recommendation submitted (Teacher recommendation if not an NJROTC cadet)</b>
	<b>Complete Applicant Fitness Assessment</b>
	<b>Letters of Recommendation (Optional, 2 Max)</b>
	<b>Complete NSTC Forms: SOU, Drug Statement, Debarment Statement, PDR</b>
	<b>Apply for Free Application for Federal Student Aid (FAFSA) <a href="https://studentaid.ed.gov/sa/">https://studentaid.ed.gov/sa/</a>, Add ODU FAFSA ID to your application: 003728 (Strongly recommend be filed by 31 OCT 20)</b>
	<b>Apply to Old Dominion University, <a href="https://blue.odu.edu/admission/apply/">https://blue.odu.edu/admission/apply/</a></b>

## Instructions (Applicants/Senior Naval Science Instructors)

1. Visit our website: <https://www.odu.edu/nrotc>
2. Click the “Prospective Students” photo. Click “ODU Prep Scholarship.” Click ODU NROTC Preparatory Scholarship Program
3. Applicants: Download the Presidential NROTC Preparatory Scholarship application form, save the form locally to your computer.
4. Senior Naval Science Instructors: Download the Senior Naval Science Instructor recommendation form, save the form locally to your computer.
5. Open the forms in Adobe Reader. Adobe Reader is available free at this website: <https://get.adobe.com/reader/>
6. Start typing your information into the document. Note: Write your essay in Microsoft Word first so that you can spell check them. Then, cut and paste them into the application. Max allowed essay length is approximately one page, single-spaced in Microsoft Word. Ensure your entire essay is visible in the form when printed.
7. When complete, print and sign form using pen.
8. Applicants: Scan the signed document and forward it along with your photograph, transcripts, SAT/ACT scores, AFA scores, NSTC forms, and optional documentation to [dvnash@odu.edu](mailto:dvnash@odu.edu).
9. Senior Naval Science Instructors: Scan and send the signed document to [dvnash@odu.edu](mailto:dvnash@odu.edu).

## Deadlines

- 15JAN21 – Recommended last filing date for ODU admissions applications.
- 01FEB21 – Recommended last filing date for NROTC Preparatory Scholarship applications.
- 01MAR21 – Applicants selected for interview notified.
- 19MAR21 – Interviews completed.
- 15APR21 – Scholarship offers accepted. \*

If you have any questions please do not hesitate to contact us.

Mr. Donald Nash, [dvnash@odu.edu](mailto:dvnash@odu.edu), 757-683-4744

\*Scholarship offers will occur on a rolling basis. Expiration dates will be included in all scholarship offers – normally two to three weeks after the date of offer.



# Old Dominion University NROTC Preparatory Program Scholarship Application



**Personal Information**

Name (Last, First, Middle)		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.	
Gender <input type="radio"/> Male <input type="radio"/> Female			
What is your race? Mark one or more of the categories below to indicate how you identify your race.		Ethnic Background (Optional)	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Caucasian		<input type="checkbox"/> Aleut <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Latin American w/ Hispanic Descent <input type="checkbox"/> Cuban <input type="checkbox"/> Melanesian <input type="checkbox"/> Eskimo <input type="checkbox"/> Mexican <input type="checkbox"/> Filipino <input type="checkbox"/> Micronesian <input type="checkbox"/> Other Asian Descent <input type="checkbox"/> US/Canadian Indian Tribes <input type="checkbox"/> Other Hispanic Descent <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Island Descent <input type="checkbox"/> Other <input type="checkbox"/> Polynesian <input type="checkbox"/> None <input type="checkbox"/> Puerto Rican	
Email Address		Intended Major or Area of Study (Tier 1 or Tier 2 only, reference list)	

**Parent/Legal Guardian's Previous Military History**

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

**Extracurricular Activities**

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership. Examples: NJROTC, Student Government, Eagle Scout, etc...

Organization	Positions Held	Hours/Week	Grades of Participation			
			<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	Positions Held	Awards/Recognition	JV/Club	Grades of Participation			
			<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
			<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.



# Old Dominion University NROTC Preparatory Program Scholarship 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, Address & Phone Number	Hours/ Week	Type of Work Performed
From	To			

### Volunteering

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

Grade	9	10	11	12	Volunteer Work Remarks
Hospital / Candy Striper					
With Handicapped Elderly					
Tutor / Coach Children					
Other					
<b>Total Volunteer Hours Per Year</b>	0	0	0	0	

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

Are you going to be a 1st generation college student (parents did not complete a 4-year college degree)?  Yes  No

Essay 1: Why do you want to become a Commissioned Officer through Old Dominion University? (400 words or less)



## Old Dominion University NROTC Preparatory Program Scholarship Application



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

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)	<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 application at any time.

Applicant Signature	Date
Parent/Legal Guardian Signature	Date



# Old Dominion University NROTC Preparatory Program Scholarship Application



Medical History				
Height	Weight	Date of Last Sports Physical / Private Sector Physical		
Answer the following questions. If you answer 'Yes' provide explanations in block 41			Yes	No
1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?			<input type="radio"/>	<input type="radio"/>
2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)?			<input type="radio"/>	<input type="radio"/>
3. Color vision deficiency?			<input type="radio"/>	<input type="radio"/>
4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?			<input type="radio"/>	<input type="radio"/>
5. Loss of balance or vertigo?			<input type="radio"/>	<input type="radio"/>
6. Hearing loss or use of a hearing aid?			<input type="radio"/>	<input type="radio"/>
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?			<input type="radio"/>	<input type="radio"/>
8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)			<input type="radio"/>	<input type="radio"/>
9a. Tooth or gum trouble (excluding cavities)?			<input type="radio"/>	<input type="radio"/>
9b. Date of last dental exam:				
10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?			<input type="radio"/>	<input type="radio"/>
11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?			<input type="radio"/>	<input type="radio"/>
12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?			<input type="radio"/>	<input type="radio"/>
13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?			<input type="radio"/>	<input type="radio"/>
14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)			<input type="radio"/>	<input type="radio"/>
14b. Date of last menstrual period (females only):				
14c. Date of Last PAP smear (females only):				
15. Testicular or prostate trouble? (males only)			<input type="radio"/>	<input type="radio"/>
16. Orthopedic problems of the back or neck?			<input type="radio"/>	<input type="radio"/>
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?			<input type="radio"/>	<input type="radio"/>
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?			<input type="radio"/>	<input type="radio"/>
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?			<input type="radio"/>	<input type="radio"/>
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?			<input type="radio"/>	<input type="radio"/>
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)			<input type="radio"/>	<input type="radio"/>
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?			<input type="radio"/>	<input type="radio"/>
23. Allergic reaction to food, medications, insects?			<input type="radio"/>	<input type="radio"/>
24. A positive PPD or been treated for tuberculosis?			<input type="radio"/>	<input type="radio"/>
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?			<input type="radio"/>	<input type="radio"/>
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?			<input type="radio"/>	<input type="radio"/>



## Old Dominion University NROTC Preparatory Program Scholarship Application



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

**Medical Comments**

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

I certify that all medical information provided by me is complete and correct to the best of my knowledge.	
Applicant Signature	Date





# Old Dominion University NROTC Preparatory Program Scholarship Application



Please read and initial by each of the following statements below indicating your understanding of each. After initialing all statements, please sign and date at the bottom of the page.

### Statements

1. \_\_\_\_\_ Old Dominion University will provide tuition\*, fees, and room & board for a one-year NROTC preparation program as a Midshipman Candidate.
  
2. \_\_\_\_\_ Provided you meet the criteria below, you will be awarded a National NROTC scholarship to Old Dominion University at the conclusion of your first year:
  - a. \_\_\_\_\_ Science/Technical major (Tier 1 / Tier 2 - 25 majors available).
  - b. \_\_\_\_\_ Maintain greater than 2.8 minimum GPA.
  - c. \_\_\_\_\_ Pass the Navy Physical Fitness Assessment once a semester with a score of "Good Low" or better.
  - d. \_\_\_\_\_ Reside in the ODU ROTC Living Learning Center.
  
3. \_\_\_\_\_ Upon completion of the first year, you will be financially responsible for room & board costs (competitive room & board scholarships are available).

\* Scholarship provides for in-state tuition only. Out-of-state applicants are welcome to apply and can qualify for in-state tuition through the Academic Common Market program for their state. <https://www.sreb.org/academic-common-market>

Applicant Signature

Date



## OLD DOMINION UNIVERSITY NPP APPLICANT FITNESS ASSESSMENT



The PNP Applicant Fitness Assessment (AFA) is a component of the PNP application and must be submitted in order for the application to be complete. The test consists of abdominal crunches, push-ups, and a one-mile run. The purpose of the test is to evaluate your level of physical fitness. The test can be administered by any physical education instructor, athletics coach, an active duty officer, active duty E-7 or NJROTC instructor. Applicants accustomed to regular physical activity should have no difficulty with the AFA. Being properly conditioned prior to reporting to your NROTC Unit cannot be overemphasized. You will be far better prepared to meet the stringent physical demands of the NROTC Program if you maintain a high level of physical fitness during high school.

The three test events of the AFA are administered consecutively in a 25-minute time period. Applicants should attempt to do their best on all events, keeping in mind that the events are sequenced to produce a cumulative loading effect. Applicants' scores will be included in their application to the scholarship selection board. The maximum score, by event and gender, are listed in the table below. An applicant who achieves the maximum level on either of the first two events should not attempt further repetitions, as this will not improve his/her score.

	Crunches	Push-Ups	1-Mile
Male	95	75	5:20
Female	95	50	6:00

### Test Site

The AFA can be administered in two adjacent venues; an indoor gymnasium and an outdoor track.

The 1-mile run is the last event administered in the AFA. Although it may be administered in an indoor gymnasium or stadium, time has been allotted for transit to an outdoor track. Regardless of the 1-mile run course, the running surface should be flat and free of debris. In either the indoor or outdoor facility, it is imperative that the 1-mile distance be measured accurately. In submitting the time for the run, the applicant and scorer are affirming that the 1-mile distance has been measured and is accurate.

### Test Procedures

The AFA may be conducted at any time during the application period (November thru February) but must be accomplished in order for the application to be processed by the recruiter. Results of each event will be recorded on the AFA score sheet (see below); the score sheet must be included with your submitted package.

On test day, the applicant should be encouraged to spend 20-30 minutes in active warm-up and stretching prior to beginning the test. The test battery must be completed according to the timeline below, and applicants are not permitted to warm up, rest, or practice other than during the time officially allotted. The administering official will read and be familiar with these test instructions prior to administration. The following statement must be read verbatim to the applicant prior to beginning the test:

"You are about to take the PNP Applicant Fitness Assessment. The results of this test will be used in the PNP 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."

## **Testing Sequence**

The test sequence will follow the order listed below. This order cannot be modified. There are no exceptions to this sequence or timing.

<b>Events</b>	<b>Test Start Time</b>	<b>Event Testing Time</b>	<b>Rest</b>	<b>Total Elapsed Time</b>
Crunches	0:00	2 minutes	3 minutes	5:00
Push-Ups	5:00	2 minutes	3 minutes	10:00
1-Mile Run	15:00	10 minutes	5 minutes*	25:00

*\* The 5-minute rest includes the transition time to the outdoor track. If the 1-mile run cannot be started by minute 15, an alternative arrangement for a running surface must be found.*

### **Abdominal Crunches**

This measures abdominal/core body muscular endurance.

The applicant must:

Assume a supine (back on floor), bent-knee position (approximately 90-degree bend) on a mat with arms crossed, fingers extended, touching the top of the shoulders, with shoulder blades touching the floor/mat.

Upon the command "GO", flex from the hip, raising the elbows so that they touch the front midpoint (or higher) of the thigh without finger tips losing contact with the top of the shoulders; extend from the hip until the shoulder blades touch the floor/mat.

Applicants cannot rest in the down position. Resting is only permitted in the up position. Fingers must stay in contact with the top of the shoulders while resting, and applicants cannot grab their legs or touch the ground with their hands.

The scorer will:

Note the event start time (should be 0:00 elapsed).

Monitor the start position to determine that the applicant's shoulder blades are touching the mat, fingers are touching the shoulders, knees are bent approximately 90 degrees, and an assistant is properly holding the applicant's feet (hands only on top of each ankle or foot).

Give the command "GO" and start a stopwatch for the 2-minute trial.

Count one repetition each time the applicant's shoulder blades touch the floor/mat.

Monitor body position making sure during each repetition that the buttocks stay in contact with the mat, knees are bent appropriately, hands remain in contact with the shoulders, elbows make contact with the mid-thigh, and shoulder blades touch the floor/mat.

Verbalize "NO" for any repetition that does not meet the criteria listed above.

Stop the test at the 2-minute mark and record the number of repetitions.

### **Push-ups**

This measures upper body muscular endurance.

The candidate must:

Assume a prone (abdomen toward the ground) position supported on one knee on a 1-inch mat or a hard surface floor.

On the command "READY POSITION", assume the front-leaning rest position (arms extended) by placing your hands where they are comfortable (Width is variable). Feet may be together or up to 12 inches apart. When viewed from the side, your body should form a straight line from your shoulders to your ankles.

On the command "GO", begin the push-up event by bending elbows and lowering entire body as a single unit until your upper arms are at least parallel to the ground (90-degree bend). Return to the starting position by extending arms and raising entire body as a single unit until arms are fully extended.

May rest in the up position, flexing or bowing the back as long as hands and feet remain in contact with the floor, and no other body part touches the floor.

Must return to the generally straight body position before attempting another repetition.

The scorer will:

Note the event start time (should be 10:00 elapsed).

Give the command "GO" and start a stopwatch for a 2-minute trial.

Monitor each repetition, making sure body remains straight, moving as a single unit, upper arm is parallel to the floor in the down position, and the arms come to full extension in the up position.

Verbalize "NO" for any repetition that does not meet the criteria listed above.  
Stop the test at the 2-minute mark and record the number of repetitions.

Terminate the event if the candidate lifts a hand or foot off the ground or touches the ground with any body part other than the hands or feet.

### **Mile Run**

This measures aerobic capacity and endurance.

The candidate must:

Run continuously for one mile (walking is allowed although strongly discouraged).

The scorer will:

Certify the 1-mile run distance.

Note the start time (should be 15:00 elapsed)

Give the command "GO" and start a stopwatch.

Monitor the candidate to make sure that he/she does not:

Receive physical help during the event.

Leave the designated running course for any reason.

Receive pacing by another person.

Stop the watch as the candidate crosses the finish line, and record the score in minutes and seconds.



**OLD DOMINION UNIVERSITY**  
**NPP APPLICANT FITNESS ASSESSMENT**



**INCLUDE COMPLETED SCORE SHEET WITH YOUR PNP APPLICATION**

Applicant's Name (Last, First, MN): \_\_\_\_\_

Applicants height (inches): \_\_\_\_\_

Applicant's weight: \_\_\_\_\_

**READ TO APPLICANT:**

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

Start Time: \_\_\_\_\_

Number of Crunches completed in 2 minutes: \_\_\_\_\_

Number of Push-ups completed in 2 minutes: \_\_\_\_\_

1 Mile Run Time: \_\_\_\_\_ minutes \_\_\_\_\_ seconds

End Time: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Evaluator's Printed Name: \_\_\_\_\_

Evaluator's Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_