NROTC PREPARATORY SCHOLARSHIP (NPS)
APPLICANT PERSONAL DATA RECORD

OMB Control Number: 0703-0026, Exp. ________________

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0026). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Preferred submission method is via DOD-Safe: https://safe.apps.mil/
* A request link is required for submission.
* To obtain a request code, email your University NROTC point of contact.

OR, mail your responses to: Program Manager, NROTC Preparatory Programs, N923 Naval Service Training Command 320 Dewey Ave Bldg 3 Rm 214 North Chicago, IL, 60088

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

1. AUTHORITY: The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).

2. PRINCIPAL PURPOSE(S): The information you provide will be used to determine whether you qualify and should receive a NROTC Scholarship Reservation. If you are selected, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/74_8_9/Article/6411/n01131-1.aspx, and N0180-3 located at http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/74_8_9/Article/6410/n01080-3.aspx
3. ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive NROTC Preparatory Scholarship Reservations, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R § 701.112, http://www.privacy.navy.mil/ and the routine uses set forth here.

4. DISCLOSURE: The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC Preparatory Scholarship Program.

FULL LEGAL NAME:
Last __________________  First __________________ Middle ___
Suffix (Jr., Sr., II, III, IV) _____

DATE OF BIRTH: Month__________ Day__________ Year__________

CURRENT AGE: _________    AGE AT HS GRADUATION: _________

SEX:  ○ MALE  ○ FEMALE  FULL SSN:______ - ____ - _______

PERMANENT ADDRESS/HOME OF RECORD (Street, City, State, Zip Code)
________________________________________________________________
________________________________________________________________
________________________________________________________________

PHONE NUMBER (Include area code) ________________________________

CELL PHONE (Include area code) ________________________________

MAILING ADDRESS (If different than Permanent Address)
________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________
E-MAIL ADDRESS: ____________________________________________

ARE YOU A U.S. CITIZEN?
○ YES
○ NO
○ In process of obtaining citizenship

HOW OBTAINED?
○ NATURALIZATION
○ BIRTH
○ Proof of citizenship submission required for all applicants

RACE (select all that apply)
○ AFRICAN AMERICAN/BLACK
○ ASIAN
○ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
○ AMERICAN INDIAN/ALASKAN NATIVE
○ CAUCASIAN
○ DECLINE TO RESPOND

ETHNIC BACKGROUND (select all that apply)
○ AMERICAL INDIAN
○ ASIAN
○ CHINESE
○ CUBAN
○ ESKIMO
○ FILIPINO
○ HISPANIC
○ INDIA INDIAN
○ JAPANESE
○ KOREAN
○ LATIN AMERICAN HISPANIC
○ MELANESIAN
○ MEXICAN
○ PACIFIC ISLANDER
○ PEURTO RICAN
○ VIETNAMESE
○ OTHER–NOT IN OPTIONS ____________________________
○ NONE
○ UNKNOWN
NAMES, ADDRESSES, AND DATES OF ATTENDANCE OF HIGH SCHOOL(S) ATTENDED (LIST MOST RECENT FIRST)

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

DATE OF HS GRADUATION (MM/YY) ______ / ______

NAME OF PREPARATORY COLLEGE ATTENDING

____________________________________________________________

____________________________________________________________

o INTENDED UNIVERSITY START DATE (MM/YY) ______ / ______

o INTENDED ACADEMIC MAJOR_________________________________

WERE YOU A MEMBER OF THE JROTC, CIVIL AIR PATROL (CAP) OR SEA CADETS?

o YES
  o JROTC  BRANCH OF SERVICE:_______________________________
  o CAP
  o SEA CADETS NUMBER OF YEARS:______________________________

o NO
HAVE YOU EVER BEEN REJECTED FOR ANY BRANCH OF THE MILITARY SERVICE OR ROTC?

○ YES (IF YES, EXPLAIN IN REMARKS BELOW)
○ NO

REMARKS

__________________________________________________________________________
__________________________________________________________________________

ARE YOU CURRENTLY AN APPLICANT OF OR DO YOU INTEND TO APPLY FOR A ROTC PROGRAM OR SERVICE ACADEMY (OTHER THAN NPP)?

○ YES
○ NO

IF YES, WHICH ACADEMY/ROTC PROGRAM?

○ AROTC
○ AFROTC
○ NROTC
○ USNA
○ USCGA
○ USMA
○ USAFA
○ USMMA

ARE YOU A FIRST GENERATION COLLEGE STUDENT?

○ YES
○ NO

GPA_______ CLASS RANK____________
SAT: MATH_______ EBRW____________
ACT: STEM_______ ELA___________ COMPOSITE______
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HAVE NO CONVICTION OR BELIEFS WHICH WOULD PROHIBIT MY SERVING IN AN UNRESTRICTED MILITARY STATUS.

PRINT YOUR FULL NAME EXACTLY AS IT IS SHOW ON YOUR BIRTH CERTIFICATE OR AS SHOWN ON ANY OFFICIAL DOCUMENT WHICH CHANGES YOUR NAME.

APPLICANTS PRINTED NAME ________________________________

APPLICANTS SIGNATURE ________________________________

DATE ____________________________

Preferred submission method is via DOD-Safe: https://safe.apps.mil/
* A request code is required for submission.
* To obtain a request link, email your University NROTC point of contact.
* For additional questions, email brandon.m.rapp.civ@us.navy.mil