



Virginia Wesleyan University NPP Application



Instructions

1. Please read these instructions in their entirety before beginning the application.
2. Familiarize yourself with the requirements and expectations of the NPP program located on the application coversheet. Additionally, review the majors are eligible to choose from on the VWU Degree Options page.
3. Review the Application Checklist so you'll know which documents need to be submitted along with the application. Incomplete applications will not be reviewed. In summary, required app materials are:
 - a. (1) Scholarship Application, 6 pages total, includes two 400-word essays
 - b. (1) SAT/ACT Score Report
 - c. (1) High School Transcript
 - d. (1) Full-length photograph in NJORTC uniform (if applicable)
 - e. (1) Letter of Recommendation from a coach, teacher, or Senior Naval Science Instructor (SNSI) using provided form
 - f. (1) Fitness Assessment Score Sheet, 1 page total
 - g. (1) Statement of Understanding
 - h. (1) Drug Statement
 - J. (1) Debarment Statement
4. Fill out the Scholarship Application as completely as possible.
 - a. Open the forms in Adobe Reader. Adobe Reader is available free at this website:
<https://get.adobe.com/reader/>
 - b. 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.
 - c. When complete, print and sign form using pen.
5. Obtain physical copies of your SAT Score Report and High School Transcript.
6. Print a physical full-length photograph to include with your application.
7. Obtain a Letter of Recommendation from your teacher, coach, or SNSI using the provided form. Have them email it directly to
navyrotc@vwu.edu
8. Both NJROTC and non-NJROTC students are allowed to submit up to (2) additional Letters of Recommendation using the general Letter of Recommendation form. Have them sent to navyrotc@vwu.edu
9. Have your SNSI or a school official review the Applicant Fitness Assessment (AFA) instructions and administer the AFA. Include the score sheet in your application.
10. Print and sign the Statement of Understanding, Drug Statement, and Debarment Statement.
11. Submit the signed application in PDF format to navyrotc@vwu.edu, in person during business hours, or physically mail it to:

Virginia Wesleyan University
Center for Enrollment/Navy ROTC
Attn: NPP/NROTC Program Coordinator
5817 Wesleyan Drive
Virginia Beach, VA 2345

Timelines

01 Jan 2026 to 01 May 2026 – NROTC Preparatory Program Scholarship application window.

15 May 2026 – NPP award winners notified

31 May 2026 – NPP Acceptance Paperwork is due

If you have any questions, please contact Mr. Brian Becker at bbecker@vwu.edu or navyrotc@vwu.edu

*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.

NROTC Preparatory Program (NPP) Scholarship



VIRGINIA
WESLEYAN
UNIVERSITY



The Naval ROTC Preparatory Program Scholarship* provides a structured, one-year preparatory pathway for students with strong leadership potential who require additional academic and character development to qualify for a national NROTC scholarship to earn a commission in the United States Navy. This scholarship provides an extra year of academics and military orientation to prepare for a 4-year degree program.

The scholarship consists of a first year paid for by VWU, with a follow-on four-year Naval ROTC Scholarship. NPP Scholarship recipients must meet the below criteria to be offered a follow-on NROTC scholarship to Virginia Wesleyan 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)
- ▶ Maintain greater than a 2.80 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 VWU ROTC Housing

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.



Virginia Wesleyan University NROTC Preparatory Program Scholarship Application



Checklist	
	VWU NROTC Preparatory Program (NPP) Scholarship Application
	SAT/ACT Official Report
	High School Transcripts with Class Rank
	Full-length photograph of applicant wearing NJROTC uniform as applicable
	SNSI Recommendation Form (Teacher recommendation if not an NJROTC cadet)
	Complete Applicant Fitness Assessment and Submit AFA Score Sheet
	Up to (2) non-SNSI Letters of Recommendation
	Complete (3) NSTC Forms: SOU, Drug Statement, Debarment Statement
	Apply for Free Application for Federal Student Aid (FAFSA) https://studentaid.ed.gov/sa/, Add VWU FAFSA ID to your application: 003728 (Strongly recommend be filed by 31 JAN 25)
	Apply to Virginia Wesleyan University, https://blue.VWU.edu/admission/apply/



VWU NPP Tier 1 or Tier 2

Degree Options



Major	Tier
Biochemistry	2
Biology, General and Life Sciences	2
Chemistry (other than Biochemistry)	2
Civil Engineering*	2
Civil Engineering/Civil Technology*	2
Computer Information Systems	2
Computer Science	2
Cybersecurity	2
Electric Engineering, General*	1
Electrical and Electronic Engineering - Related Technologies*	2
Engineering - Related Technologies*	2
Environmental Engineering*	2
Environmental Studies	2
Mathematics	2
Mechanical Engineering*	1
Mechanical Engineering Technology*	2

*The VWU-ODU 4+1 Pre-Engineering Pathway



Virginia Wesleyan University Presidential NROTC Preparatory Scholarship Application



Personal Information

Name (Last, First, Middle)		Phone	
Current Mailing Address		Name of Parent/Guardian	
Place of Birth		Date of Birth	
		Address of Parent/Guardian	
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"/> Chinese <input type="checkbox"/> Cuban <input type="checkbox"/> Eskimo <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Latin American w/ Hispanic Descent <input type="checkbox"/> Melanesian <input type="checkbox"/> Mexican <input type="checkbox"/> Micronesian <input type="checkbox"/> Other Asian Descent <input type="checkbox"/> Other Hispanic Descent <input type="checkbox"/> Other Pacific Island Descent <input type="checkbox"/> Polynesian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> US/Canadian Indian Tribes <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other <input type="checkbox"/> None	
Email Address		Intended Major or Area of Study (Tier 1 or Tier 2 only)	

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.



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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					
Total Volunteer Hours Per Year	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 Virginia Wesleyan University? (400 words or less)



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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



Virginia Wesleyan University Presidential NROTC Preparatory 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"/>



Virginia Wesleyan University Presidential NROTC Preparatory 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



Virginia Wesleyan University Presidential NROTC Preparatory 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. _____ Virginia Wesleyan 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 Virginia Wesleyan University at the conclusion of your first year:
 - a. _____ Science/Technical major (Tier 1 / Tier 2 - 25 majors available).
 - b. _____ Maintain greater than 2.80 minimum GPA.
 - c. _____ Pass the Navy Physical Fitness Assessment once a semester with a score of "Good Low" or better.
 - d. _____ Reside in the VWU Housing
 - e. _____ Maintain good standing within the unit as determined by the Professor of Naval Science.
 - f. _____ Dismissal or voluntarily dropping from the program will result in a debt owed to Virginia Wesleyan University for any scholarship funds granted.
3. _____ Upon completion of the first year, you will be financially responsible for room & board costs (competitive room & board scholarships are available).

Applicant Signature

Date



VIRGINIA WESLEYAN UNIVERSITY
NPP APPLICANT FITNESS ASSESSMENT



INCLUDE COMPLETED SCORE SHEET WITH YOUR NPP APPLICATION

Applicant's Name (Last, First, MN): _____

Applicants height (inches): _____

Applicant's weight: _____

READ TO APPLICANT:

"You are about to take the NPP Applicant Fitness Assessment. The results of this test will be used in the NPP 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 should rest no longer than 10 minutes between each exercise. 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." See Navy Physical Readiness Program Requirements www.mynavyhr.navy.mil/Portals/55/Support/Culture%20Resilience/Physical/Guide_5-Physical_Readiness_Test_PRT_JAN_2023.pdf.

Start Time: _____

Forearm Plank held for 1:45: _____

Number of Push-ups completed in 2 minutes: _____

1.5 Mile Run Time: _____ minutes _____ seconds

End Time: _____

Evaluator's Signature: _____

Evaluator's Printed Name: _____

Evaluator's Title/Position: _____

Date: _____

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB Control Number: 0703-0026, Exp _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 3 hours and 20 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 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, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB Control Number: 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.

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.

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 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. The following systems of records notices cover the collection of this information: N01130-1 located at <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570316/n01130-1.aspx>.

³ **ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, 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. 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; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide 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. <http://www.privacy.navy.mil/> 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.

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 program.

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

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESSING OFFICIAL

PRINTED NAME OF APPLICANT

**DEBARMENT AND SUSPENSION FROM RECEIPT OF FEDERAL ASSISTANCE STATEMENT FOR
NATIONAL NAVAL RESERVE OFFICERS TRAINING CORPS APPLICATION
(EXECUTIVE ORDER 12549, DEBARMENT AND SUSPENSION)**

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.

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3. **ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, 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. If you are nominated for an NROTC Scholarship, the information will be re-leased 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.
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 program.

On February 18, 1986, Executive Order (EO) 12549, Debarment and Suspension, authorized establishing a government-wide system for excluding, in appropriate cases, individuals and legal entities from participating in Federal financial and non financial assistance programs and activities.

The General Services Administration (GSA) is responsible for developing, maintaining and distributing a list of persons excluded from non-procurement programs.

The list indicates participants who are debarred, suspended or voluntarily excluded from programs and activities involving Federal financial and nonfinancial assistance and benefits under EO 12549

Transactions covered by this rule include, but are not limited to:

Non-procurement transactions between an agency and a person, including grants, corporation agreements, scholarships, fellowships, contracts of assistance, loans, loan guarantees, etc.

The NROTC Scholarships fall under this rule. A person currently debarred or suspended from receiving Federal financial assistance is not eligible to apply for the NROTC College Scholarship Program.

I, _____, certify I am not debarred from participating in Federal financial assistance programs.

PRINT FULL NAME

Signature of Applicant

Signature of Witnessing Official

Social Security Number

Printed Name of Witness

Date

Date

For NSTC use only:

Applicant Serial #: _____

CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATIONS

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.

Responses should be sent to:
Commander
Naval Service Training Command
2601A Paul Jones Street
Great Lakes, 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 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. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n0180-3.aspx>.
3. **ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, 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. 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.
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Please read and initial by each of the following statements below indicating your certification or understanding of each

CERTIFICATIONS

1. I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.

2. I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in an unrestricted military status. This includes the bearing of arms and supporting and defending the Constitution of the United States against all enemies foreign and domestic.

3. I certify that I solely composed the essay(s) submitted with my electronic application.

STATEMENTS OF UNDERSTANDING

1. I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores before my application will be processed.

2. I understand that I must enroll in the Tier Major that is contained in my application that was presented before the board. See the following link for details on academic Tier Majors: https://www.nrotc.navy.mil/scholarships_criteria.aspx

3. I understand that I will receive scholarship benefits for a maximum of four academic years. However, if I receive my Baccalaureate Degree earlier than four academic years, I shall not be eligible for any further scholarship benefits. See the following link for details on scholarship benefits: <https://www.nrotc.navy.mil/scholarships.aspx>

4. I understand if I enter the NROTC program having already earned college credit, I am expected to use any allowable credits towards my degree to accelerate the completion of my Baccalaureate Degree.

5. I understand that upon successful completion of the NROTC program I may be offered a commission in one of the Navy's Unrestricted Line communities (Surface Warfare, Submarine Warfare, Aviation, Special Warfare and Explosive Ordinance), requiring a minimum of five years of active military service. If I do not accept my commission, I may be required and have an obligation to pay back the government of the United States of America an amount equal to the benefits I received under the scholarship or serve a period of Active Enlisted Service at the discretion of the Secretary of the Navy.

6. I understand that I will be required to sign and agree to the terms in the NROTC Scholarship Contract (NSTC 1533/135) upon activating my scholarship when I report to my assigned NROTC unit.

7. I understand that if any of the information I provided herein or in any part of my application is inaccurate, false or misleading, it may result in my non-selection for an NROTC scholarship and make me ineligible for continued participation in the NROTC program.

Warning: Any intentionally false or misleading statement, certification, or response you provide is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature of Applicant

Signature of Witnessing Official

Printed Name of Applicant

Printed Name of Witnessing Official

Date

Date

NSTC 1533/112 (06-14)