<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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<tbody>
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<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
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<tr>
<th>HOME STATE (IF DIFFERENT FROM ABOVE)</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>RACE (WHITE, BLACK, ASIAN, ETC...)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>ETHNIC GROUP (PUERTO RICAN, CHINESE, JAPANESE, ETC....)</th>
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<thead>
<tr>
<th>MATH</th>
<th>VERBAL</th>
<th>COMPOSITE</th>
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</table>

COLLEGE ENTRANCE EXAM RESULTS (SAT OR ACT)
BLOCK 1
TYPE OF JROTC
F=AIR FORCE
A=ARMY
N=NAVY
M=MARINE

BLOCK 2
MARITAL STATUS
M=MARRIED
D=DIVORCED
S=SINGLE

BLOCK 3
NUMBER OF DEPENDANTS
0=0
1=1
*=*
9=9

BLOCK 4
PERCENTILE OF HIGH SCHOOL RANK
1=TOP 20%
2=TOP 40%
3=TOP 60%
4=TOP 80%
5=BELOW TOP 80%

BLOCK 5
EAGLE SCOUT
Y=YES
N=NO

BLOCK 6
MILITARY
(Y=CHILD OF CAREER MILITARY MEMBER)
Y=YES
N=NO

BLOCK 7
HIGH SCHOOL TYPE
1=PUBLIC GRADUATING CLASS > 100
2=PUBLIC GRADUATING CLASS < 100
3=PRIVATE SCHOOL GRADUATING > 100
4=PRIVATE SCHOOL GRADUATING < 100

BLOCK 8
DEMOGRAPHIC TYPE
1=URBAN (CITY > 500,000)
2=SUBURBAN (CITY < 500,000)
3=RURAL (FARMING/COUNTRY ENVIRONMENT)

CONTINUED ON OTHER SIDE
NAVAL RESERVE OFFICERS TRAINING CORPS
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 applicants 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, 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

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN (last 4)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Cell Phone Number</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>Name of Parent/Guardian</th>
<th>Address of Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Are you a US Citizen?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If Naturalized, give date, place, court of jurisdiction, and certificate number:

<table>
<thead>
<tr>
<th>USN</th>
<th>USMC</th>
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<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Dates of Service</th>
<th>Highest Rank</th>
<th>EAOS</th>
<th>Type of Discharge</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Training Programs</th>
<th>Position(s) Held</th>
<th>Awards</th>
<th>Grades of Participation</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

| U.S. Naval Reserve (Service [______]) |                     |        |                         |
| Civil Air Patrol                      |                     |        |                         |
| Other (NDCC, etc.)                    |                     |        |                         |

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position(s) Held</th>
<th>Hrs/ Wk</th>
<th>Grades of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Athletic Activities

READ CAREFULLY: Identify only those sports which you participated in during school grades 9-12. Mark the year in which you received a letter and/or you were on varsity. Mark the box if you participated in JV or on a club team during any year. Do not list intramural activity.

<table>
<thead>
<tr>
<th>Sport</th>
<th>Letter</th>
<th>Varsity</th>
<th>JV/Club</th>
<th>Position(s) Held</th>
<th>Awards/Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.

NSTC 1533/133 (10-11)
### Employment

List in 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.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer Name and Address</th>
<th>Hrs/Wk</th>
<th>Type of Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Education

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>School Name and Address</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### Academics

<table>
<thead>
<tr>
<th>PSAT</th>
<th>Verbal: _______</th>
<th>Math: _______</th>
<th>High School Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
<td>Verbal: _______</td>
<td>Math: _______</td>
<td>Class Rank: ______</td>
</tr>
</tbody>
</table>
| ACT  | Verbal: _______ | Math: _______ | GPA: _______

GPA Scale:

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

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 you answer YES, list the date, place of application, program applied for and current status of application.)

   - [ ] Yes
   - [ ] No

2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If you answer YES, list the date, place, service and current status of enlistment.)

   - [ ] Yes
   - [ ] No

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 you answer YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)

   - [ ] Yes
   - [ ] No

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?

   - [ ] Yes
   - [ ] No

5. Have you ever been known by any other name or names other than that used in this application? (If you answer YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)

   - [ ] Yes
   - [ ] No

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?

   - [ ] Yes
   - [ ] No

7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

   - [ ] Yes
   - [ ] No

8. Have you ever been arrested or convicted of trafficking illegal drugs?

   - [ ] Yes
   - [ ] No

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 you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

   - [ ] Yes
   - [ ] No

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.

**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 office on which I am about to enter: So help me God."

**Signature**

**Date**

---

NSTC 1533/133 (10-11)
### NROTC UNIT
**University of Illinois**

<table>
<thead>
<tr>
<th>UNIVERSITY OR COLLEGE ATTENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIP OR COLLEGE PROGRAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACADEMIC CLASS (FR., SO., JR., SR.)</td>
</tr>
</tbody>
</table>

As a midshipman in the Naval Reserve Officers Training Corps (NROTC) Program, I intend to enroll in the academic major listed below. I understand that this statement is provided in order to monitor enrollment decisions and is not a formal commitment to an academic major. Any changes to my intended major will be discussed with the appropriate NROTC unit staff member.

**Intended Academic Major:**

---

**Midshipman Signature and Date**

<table>
<thead>
<tr>
<th>Class Advisor Signature and Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OPMIS CODE ENTERED</th>
<th>DATE ENTERED</th>
<th>NUMBER OF SCI SUBMITTED BY THIS MIDSHIPMAN (1st, 2nd, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original: Student File</td>
<td>Copy: Midshipman</td>
<td>Copy: Student Performance File</td>
</tr>
</tbody>
</table>

**STATEMENT OF INTENT**

CNET 1533/72 (5-89)
1. UNIT I.D. 63234
2. SHIP OR STATION NROTCH, University of Illinois
3. 4.
5. NAME OF SPOUSE
6. DATE OF BIRTH OF SPOUSE
7. RELATIONSHIP
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY) 9. DATE MARRIED 10. CITIZENSHIP OF SPOUSE
11. ADDRESS OF SPOUSE
12. DIP
13. NAME OF CHILD OR DEPENDENT
14. DATE OF BIRTH
15. RELATIONSHIP
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)
17. DIP
18. NAME OF CHILD OR DEPENDENT
19. DATE OF BIRTH
20. RELATIONSHIP
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)
22. DIP
23. NAME OF CHILD OR DEPENDENT
24. DATE OF BIRTH
25. RELATIONSHIP
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)
27. DIP
28. NAME OF CHILD OR DEPENDENT
29. DATE OF BIRTH
30. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT) 31. DIP
32. NAME OF FATHER
33. ADDRESS (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 34)
35. DIP
34. NAME OF MOTHER
36. ADDRESS (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 37)
38. DIP
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)
39. DIP
39. WERE YOU PREVIOUSLY MARRIED? [YES □ NO □] 40. PRIOR MARRIAGE DISSOLVED BY [DEATH □ ANNULMENT □ DIVORCE]
41. DATE
42. PLACE (CITY & STATE OR COUNTRY)
43. WAS SPOUSE PREVIOUSLY MARRIED? [YES □ NO □] 44. PRIOR MARRIAGE DISSOLVED BY [DEATH □ ANNULMENT □ DIVORCE]
45. DATE
46. PLACE (CITY & STATE OR COUNTRY)
47. OTHER
48. ADDRESS
49. RELATIONSHIP
50. SUFFIX OF NAME (SPouse, WIFE OR MINOR CHILD)
51. ADDRESS
52. RELATIONSHIP
53. BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES
54. ADDRESS
55. RELATIONSHIP
56. %
57. PERSON TO RECEIVE ALLEGATION IF IN A MISSING STATUS, SUBJECT TO SECNAV DETERMINATION
58. ADDRESS
59. %
60. BENEFICIARY(IES) FOR GRATUITY PAY (NE SPouse OR CHILD SURVIVING)
61. ADDRESS
62. RELATIONSHIP
63. %
64. LIFE INSURANCE DATA (NAME OF COX[DG NOT INCLUDE SOL])
65. ADDRESS
66. POLICY NUMBER
67. RELIGION
68. 69. 70. RANK / RATE
MDN
71. PAGE
72. OF PAGES
1
1
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)
74. SSN
75. USN
76. USNR
77. NAVPERS 10706/02 (REV. 7-72) S/N 0105-LF-019-6035 PART II BUREAU OF NAVAL PERSONNEL
77. LOCATION OF WILLS OR OTHER VALUABLE PAPERS

78. REMARKS

PRIMARY NEXT OF KIN AND TELEPHONE NUMBER:

SECONDARY NEXT OF KIN AND TELEPHONE NUMBER:

<table>
<thead>
<tr>
<th>Is beneficiary designation of SGL I on file?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOVT LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE AND DATE

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE OF DESIGNATOR</th>
<th>DATE</th>
<th>SIGNATURE OF DESIGNATOR</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

CERTIFICATION OF DESIGNATOR

I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 107092 if data is not correct.