

APPLICATION FOR AFROTC MEMBERSHIP

(Please read Privacy Act Statement on reverse before completing this form.)

OMB No. 0701-0105
Expires 20070531

carefully read and complete ("each" block) Front and Back of this Form
*****EXAMPLE ONLY*****

GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA

NAME (Last, First, Middle Initial) Reagan, Ronald W.	SOCIAL SECURITY NUMBER 123-45-6789	DATE OF BIRTH 02/06/1911	GENDER <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
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ETHNIC GROUP <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input checked="" type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> DECLINE TO RESPOND

MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	PLACE OF BIRTH (City/State) Tampico, IL	NUMBER OF DEPENDENTS 0
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COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN) University of North Texas 23456789	PROJECTED GRADUATION DATE 15 May 2018	ACADEMIC MAJOR Economics
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PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address) 668 St. Cloud Los Angeles, CA 90077 (123) 456-7891 Ronald.Reagan@yahoo.com	IN CASE OF EMERGENCY CONTACT Nelle Reagan (mother) TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code) (123)456-9871
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CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code) Maple Hall, Room 201 Denton, Texas 76201 1621 Maple Street (123) 456-7891	JUNIOR ROTC <input checked="" type="checkbox"/> NONE <input type="checkbox"/> 3-YEAR <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 4-YEAR <input type="checkbox"/> 2-YEAR	EAGLE SCOUT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CIVIL AIR PATROL AWARDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MITCHELL <input type="checkbox"/> EARHART <input type="checkbox"/> SPAATZ
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MILITARY SERVICE OF PARENT OR GUARDIAN <input checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINES <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MERCHANT MARINE	YEARS OF SERVICE 26	HIGHEST GRADE E-8	CURRENT STATUS OF PARENT OR GUARDIAN <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> ACTIVE DUTY
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Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USN, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block. YES NO

BRANCH OF SERVICE	FROM (Mo/Yr)	TO (Mo/Yr)	TYPE OF DISCHARGE	YEARS REMAINING ON ENLISTMENT	HIGHEST GRADE
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ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)

	YES	NO
1. Have you ever applied for, been enrolled, or on contract in an Officer Training Program of the US Army, USAF, USMC, USCG, USN, Merchant Marine, or preparatory schools? (If yes, indicate in remarks where and when.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USAF, USN, USA, USMC, USCG, Merchant Marine)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a U.S. Citizen? If yes, how obtained: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED (If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTCI 36-2011.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken the AFOQT? (If yes, indicate in remarks section where and when.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate in remarks section where and when.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever been denied enlistment into the armed forces?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Do you already have a degree (BA, BS, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you an AFROTC Scholarship Designee? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Check one) <input type="checkbox"/> 4-year <input type="checkbox"/> 3-year	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

See next page to complete back of form

ANSWER THE FOLLOWING QUESTIONS (CONT)

YES NO

13. Do you understand that participation in Air Force ROTC requires strenuous physical activity? (You will be required to obtain medical clearance from a physician prior to program entry.)

II.

STATEMENT OF UNDERSTANDING

I understand that membership in the General Military Course (GMC) or attendance at Field Training (FT) does not guarantee that I will be accepted into the Professional Officer Course (POC). I understand that if I am not on scholarship, attendance at FT does not guarantee or commit me to enter the POC. GMC scholarship cadets will be extended active duty or recalled to active duty and are liable to call to

SIGNATURE OF APPLICANT

III.

I do solemnly swear or bear true faith and allegiance

or domestic; that I will

SIGNATURE OF APPLICANT

DO NOT SIGN OR DATE!

REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 33, Appointment in Regular Component; 10 U.S.C. 103, Senior Reserve Officers' Training Corps as implemented by AFROTCI 35-2011, Air Force Reserve Officers' Training Corps; and E.O. 9397 (SSN). **PURPOSE:** To process and manage selected students for acceptance into the USAF ROTC program. **ROUTINE USES:** This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation. **DISCLOSURE:** Furnishing the information is voluntary. Failure to provide requested information will hinder processing.