

APPLICATION FOR AFROTC MEMBERSHIP

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

OMB No. 0701-0105
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Public reporting burden for this collection of information is estimated to average 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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (0701-0105), 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302. 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 current valid OMB control number. **Please DO NOT RETURN your form to the above address. Return completed form to your AFROTC detachment.**

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

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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ETHNIC GROUP
 ASIAN AMERICAN INDIAN OR ALASKAN NATIVE HAWAIIAN BLACK, NOT OF HISPANIC ORIGIN WHITE, NOT OF HISPANIC ORIGIN HISPANIC DECLINE TO RESPOND

MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	PLACE OF BIRTH (City/State)	NUMBER OF DEPENDENTS
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COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN)	PROJECTED GRADUATION DATE	ACADEMIC MAJOR
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PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address)	IN CASE OF EMERGENCY CONTACT
	TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code)

CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code)	JUNIOR ROTC <input 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 type="checkbox"/>	CIVIL AIR PATROL AWARDS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MITCHELL <input type="checkbox"/> EARHART <input type="checkbox"/> SPAATZ
SELECTIVE SERVICE NUMBER (Males Only)	BRANCH OF SERVICE:		

MILITARY SERVICE OF PARENT OR GUARDIAN <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MERCHANT MARINE	YEARS OF SERVICE	HIGHEST GRADE	CURRENT STATUS OF PARENT OR GUARDIAN <input type="checkbox"/> CIVILIAN <input 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.

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 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 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 type="checkbox"/>
4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a U.S. Citizen? If yes, how obtained: <input 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 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 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 type="checkbox"/>
8. Have you ever been denied enlistment into the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you already have a degree (BA, BS, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you an AFROTC Scholarship Designee? <input type="checkbox"/> NO <input type="checkbox"/> YES (Check one) <input type="checkbox"/> 4-year <input type="checkbox"/> 3-year		
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 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 type="checkbox"/>

