

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 30 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://dpcl.d.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.

OTHER OFFICIAL'S EVALUATION OF APPLICANT

Applicant's Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____

INSTRUCTIONS FOR THE SCHOOL OFFICIAL: Please evaluate the following statements concerning the above named applicant. Mark only one choice for each statement. Rate the statements on how well the quality describes the applicant in relation to his/her peers.

Your identity as the source of information relating to the applicant will be disclosed upon the applicant's request, unless you require confidentiality as a condition of furnishing any information. In such case, your identity will be held in confidence.

Do you stipulate confidentiality as a condition for providing this information? YES/NO

Statement	Top 1%	Top 10%	Above Average	Average	Below Average	Not Observed
1. Works toward group goals when in a subordinate position						
2. Gains respect of peers						
3. Influences other students to work together						
4. Communicates effectively in face to face discussion						
5. Communicates effectively in written work						
6. Exerts maximum effort showing a strong desire to achieve in every field						
7. Sets high standards for own performance in a number of areas of activity						
8. Accepts criticism and makes improvements from it						
9. Adjusts to a demanding schedule of activities without neglecting school work						
10. Makes friends easily						
11. Persists when solving problems						
12. Demonstrates intellectual curiosity						
How would you rate this student among all that you have taught?						
How long have you known this student? _____						

Did you provide this student with any academic accommodations? (i.e., requires extra time on test, established 504 plan) YES _____ NO _____

If yes, please list the type of academic accommodation and the school year/s received.

REMARKS: This form must be completed by Teacher, Counselor, Coach or Employer. Please tell us how you feel this student will perform in a demanding academic environment. It would also be helpful if you would comment on the student's character and integrity as compared to that of his/her peers. Thank you for your concern, time and cooperation.

Please indicate the type of instruction you provide

Teacher _____ Counselor _____ Coach _____ Employer _____

Signature of Evaluator

Date

Printed Name of Evaluator

Phone Number