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://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 received 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.

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Applicant's Last Name:		F11	rst Name: _		N	11:
Social Security Number:						
INSTRUCTIONS FOR THE SCHOOL OF the above named applicant. Mark only one the quality describes the applicant in relation	choice fo	r each sta		_		_
Your identity as the source of information request, unless you require confidentiality a your identity will be held in confidence.	_					-
Do you stipulate confidentiality as a conditi	on for pro	oviding th	nis informat	ion? YES/	NO	
Statement	Top 1%	Top 10%	Above Average	Average	Below Average	Not Observed
Works toward group goals when in a subordinate position					S	
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 avertablished 504 plan) YES 1	cademic accommodations? (i.e., requires extra time on test, NO
If yes, please list the type of academic a	accommodation and the school year/s received.
Option, form must be completed by onlethis student will perform in a demanding comment on the student's character and comments are strongly desired on stude	eted by <u>only</u> an English or Math instructor. (If student is Nursing <u>or</u> an English or Science instructor.) Please tell us how you feel g academic environment. If would also be helpful if you would integrity as compared to that of his/her peers. Math teacher ent's potential for completing calculus and calculus-based physics
Thank you for your concern, time and c	cooperation.
Please indicator the type of instruction v	you provide
English Instructor Math Inst	
Signature of Evaluator	Date
Printed Name of Evaluator	Phone Number