

APPLICATION FOR AFROTC MEMBERSHIP

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

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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 |
|------------------------------------|------------------------|---------------|---|

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 |
|--|-----------------------------|----------------------|

| | | |
|--|---------------------------|----------------|
| COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN) | PROJECTED GRADUATION DATE | ACADEMIC MAJOR |
|--|---------------------------|----------------|

| | |
|--|--|
| 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) |
| BACKGROUND EXPERIENCE | |

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

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 |
|-------------------|--------------|------------|-------------------|-------------------------------|---------------|

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"/> |

