From: New Student Orientation Coordinator, Naval ROTC Unit, University of South Carolina
To: Prospective Naval ROTC College Program Students

Subj: NAVAL ROTC WELCOME ABOARD LETTER

Encl: (1) New Student Orientation Gear Checklist
      (2) Document Return Checklist
      (3) Memorandum Of Understanding
      (4) Standard Release Form
      (5) Uniform Measurement Sheet
      (6) Electronic Personnel Security Questionnaire
      (7) Student Questionnaire
      (8) Record of Emergency Data
      (9) Direct Deposit Form
      (11) NROTC Drug and Alcohol SOU
      (12) Acceptance and Oath of Office
      (13) NROTC Scholarship Service Agreement

1. Greetings from Gamecock Country! I would like to take this opportunity to thank you for your interest in the University of South Carolina (USC) Naval Reserve Officer Training Corps (NROTC) Unit. The NROTC Scholarship will afford you the opportunity to participate fully as a member of the Gamecock Battalion. Your time here will prove to be challenging but rewarding. We are here to prepare young men and women mentally, morally and physically to serve as commissioned officers in the United States Navy and United States Marine Corps. Please review this letter and the document return checklist in its entirety and return all required forms by 30 June.

2. Naval Science Class Registration. The Unit Staff wants to ensure your transition to the Unit and to the University of South Carolina is as seamless as possible. You will need to attend a University of South Carolina Orientation, typically conducted in June or July, in order to be ready to begin the semester before arriving for New Student Orientation. During this visit, you must enroll in Fundamentals of Naval Science (NAVY 101), Naval Military Leadership (NAVY 111), and ROTC Conditioning Section 002 (PEDU 109-002). NAVY 101 is offered on Monday, Wednesday, and Friday from 0830-0920. NAVY 111 is offered on Tuesdays from 0630-0800. PEDU 109 Section 002 is
offered Monday and Wednesday from 0600-0650. You must organize your Fall 2016 semester schedule to accommodate these times.

3. New Student Orientation. In order to become better acquainted with the NROTC program, you must attend our New Student Orientation from August 10th through 14th. The program will begin with an introductory brief held at **1400 Wednesday, August 10th**, in the drill hall of the USC ROTC Center. The ROTC Center is located at 513 Pickens Street, Columbia, SC 29208. This is between the cross streets of Blossom Street and Wheat Street. Parking will be available behind the ROTC Center and across the street.

4. Gear. Please see the gear list included in this packet as enclosure (1). Make sure you have all of the necessary items before arrival at the ROTC Center. You are also required to arrive at USC with a military regulation haircut. This should be interpreted as a short, tapered cut for men. Females will be required to wear or tie their hair in a manner keeping with Naval/Marine Corps Standards. All grooming standards are delineated in the Navy and Marine Corps Uniform Regulations, which can be found at the following links:
   http://www.public.navy.mil/bupersnpc/support/uniforms/uniformregulations/Pages/default.aspx under Chapter 2 Grooming Standards, and
   http://www.marines.mil/Portals/59/Publications/MCO%20P1020.34G%20W%20CH%201-5.pdf under Chapter 1 Section 7 Grooming.

5. Physical Readiness. During New Student Orientation you will be administered a Navy Inventory Physical Fitness Assessment (PFA) or a Marine Physical Fitness Test (PFT). The Navy PFA consists of maximum sit-ups and push-ups in two minutes, followed by a timed 1.5 mile run. The Marine Corps PFT consists of maximum sit-ups in two minutes, pull-ups, and a timed 3.0 mile run. The score must be verified by a coach, gym teacher, school administrator, JROTC staff member, or active duty military member. You need prepare for this test by maintaining a physical fitness regimen over the summer focusing on upper body, core, and cardiovascular endurance. Furthermore, as a member of the Naval Service it is important for you to be able to swim at least 50 yards without stopping. Take swim lessons if you do not know how to swim. It will be essential for you to drink plenty of water during the week prior to arriving. The weather during New Student Orientation is expected to be hot and humid.

6. Dorm Move-In. Arrangements will be made for students to move into their dorms early on the morning of Wednesday, August
10th from 0800-1100, prior to the NSO swearing in ceremony at 1400. USC Student Housing move-in is scheduled to take place on Monday, August 15th. Please be advised that you will be unable to store personal belongings or dorm items at the Unit during New Student Orientation.

9. Schedule. Parents are invited to attend the Swearing In Ceremony at the ROTC Center at 1400 on Wednesday, August 10th. Following the ceremony, students begin New Student Orientation, while parents will be able to ask questions and talk with their students’ advisors and the rest of the Unit Staff. Students will remain at the ROTC Center until they are released each evening to sleep in their dorm rooms. The indoctrination will consist of classes on Navy Core Values, customs and courtesies, uniform regulations, and other professional development topics. There will also be physical training and drill. New Student Orientation will conclude on the evening of Aug 14th, at which time students will be allowed to return to their dorms to prepare for classes. If students need to meet with their advisors or take language placement tests, these events should be scheduled outside of New Student Orientation time.

10. Should you have any questions concerning these forms or any of the requirements associated with the program, please contact us at NAVYROTC@mailbox.sc.edu or call the New Student Orientation Coordinator at (803) 777-4150 or (803) 777-3451.

11. You are embarking on an ambitious and important mission here at the University of South Carolina NROTC Unit. The Naval ROTC staff looks forward to meeting you. Congratulations on your decision to serve your country!

J. D. GUISE
LT USN
NEW STUDENT ORIENTATION GEAR CHECKLIST

ALL ITEMS FOR NEW STUDENT ORIENTATION SHOULD BE ACCESSABLE WHEN STORED IN THE STUDENT'S DORM ROOM:

☐ ORIGINAL BIRTH CERTIFICATE must be presented on the first day of New Student Orientation
☐ (1) PAIR OF GOOD RUNNING SHOES (NO TRACK CLEATS OR TOE SHOES ARE PERMITTED)
☐ (2) POLO STYLE SHIRTS
☐ (1) PAIR OF KHAKI TROUSERS OR SLACKS
☐ (1) PLAIN BROWN OR BLACK BELT
☐ (1) PAIR OF CLOSED TOE SHOES
☐ (5) PAIRS OF WHITE ATHLETIC SOCKS
☐ (5) SETS OF UNDERGARMENTS (FEMALES ARE REQUIRED TO HAVE (3) SPORTS BRAS FOR ATHLETIC EVENTS)
☐ (1) PAIR OF SHOWER SHOES (FLIP FLOPS)
☐ (1) DARK COLOR TOWEL
☐ (1) SOLID COLOR BATHING SUIT (ONE PIECE FOR FEMALES)
☐ (1) CELL PHONE
☐ (1) POCKET SIZE NOTEBOOK, WITH BLACK INK PEN(S)
☐ (1) BAG TO CARRY HYGEINE GEAR AND REQUIRED UNIFORMS TO AND FROM THE NROTC CENTER

☐ PERSONAL HYGEINE ITEMS INCLUDING SHAVING GEAR (FEMALES SHOULD BRING ANY NECESSARY ITEMS TO KEEP HAIR PROPERLY SECURED)

ADDITIONAL GUIDANCE: STORAGE SPACE AT THE ROTC CENTER IS LIMITED. STUDENTS ARE ADVISED AGAINST BRINGING ADDITIONAL ITEMS NOT INCLUDED ON THE GEAR LIST. PRESCRIPTION MEDICINES MUST BE IN ORIGINAL CONTAINERS AND SHOULD BE ACCOMPANIED WITH A COPY OF YOUR PRESCRIPTION. YOU ARE REQUIRED TO INFORM THE STAFF OF ANY PRESCRIPTION MEDICATIONS AND/OR MEDICAL CONDITIONS. BAGS AND HYGEINE KITS SHOULD BE AS COMPACT AS POSSIBLE.
DOCUMENT CHECKLIST

Please verify that all of the following applicable documents are in the envelope or attached in an email before sending your package to the New Student Orientation Coordinator, NROTC Unit University of South Carolina, 513 Pickens Street, Columbia, SC 29208-0064 or NAVYROTC@mailbox.sc.edu by 30 June:

All Incoming Students:

☐ Memorandum of Understanding
☐ Standard Release Form
☐ Uniform Measurement Sheet
☐ Electronic Personnel Security Questionnaire
☐ Student Questionnaire
☐ Copy of Birth Certificate
☐ Record of Emergency Data
☐ Direct Deposit Form
☐ A copy of the immunization record that you provided to the university.
☐ DoDMERB Medical approval letter
MEMORANDUM OF UNDERSTANDING

I hereby authorize the Commanding Officer, NROTC Unit, University of South Carolina to provide such information from my University and Naval record (student file, academic and medical), as he/she deems necessary and appropriate, to the following personnel or agencies:

a. My parents or guardian.
b. Agencies of the Department of Defense.
c. University of South Carolina officials.

That this authorization constitutes an exception to the Family Educational Rights and Privacy Act of 1974 and is limited to the period of time that I am affiliated with the Naval Reserve Officer Training Corps or the University of South Carolina.

Such information as I desire released to any other persons or agencies must be accompanied by my specific authorization.

_________________________  ________________
SIGNATURE             DATE
STANDARD RELEASE FORM

I, ____________________________ a member of the Naval Reserve Officers Training Corps, in consideration of basic Scholarship/College Program participation in Naval Reserve Officers Training Corps, Battalion, University of South Carolina sponsored extracurricular activities, New Student Orientation from 10 August 2016 to 15 August 2015, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local regional and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only, if further care is indicated the patient will be transferred to nonmilitary care as soon as possible. Emergency care provided to midshipman who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

I have no known medical conditions that might preclude or limit in any way my participation in the above-mentioned activities.

I have a current medical/dental insurance policy as follows:
Medical Insurance Company* Name:
Address:
Telephone:
Policy/ID Number:
Telephone Confirmation Number:

Dental Insurance Company* Name:
Address:
Telephone:
Policy/ID Number:
Telephone Confirmation Number:
* This insurance is not required. However, the information provided may be required to obtain non-emergency care.

I have the following known allergies:

I am taking the following medications or treatment:

PRIVACY ACT NOTIFICATION: Under the authority of 5 U.S.C. Sec. 301, the information regarding your health, medical condition and treatment is requested in order to verify any need, to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during the above mentioned activities. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be divulged without your written authorization to anyone other than NROTC area personnel involved with administration of NROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary, however failure to provide the requested information will preclude your participation in the activity specified above.

Printed Name: ____________________________ Signature: ____________________________
Address: ________________________________________________________________
Phone Number: ____________________________
UNIFORM MEASUREMENT SHEET

NAME: ___________________________ SEX: ____________ OPTION: ____________
(Last, First, MI) (M or F) (Navy or Marines)

Please complete each item below: MUST BE PROFESSIONALLY TAKEN!!!
(SIZES MUST BE LISTED TO THE NEAREST HALF INCH)

WAIST _______ INSEAM _______ CHEST _______ HEIGHT _______
(INCHES) (INCHES) (INCHES) (INCHES)

NECK _______ SLEEVE LENGTH ______
(INCHES) (INCHES)

COAT/ JACKET SIZE _______ DRESS SHIRT SIZE _______
(EXAMPLE: 44R) (EXAMPLE: 15/34)

TROUSER/SLACK SIZE _______
(EXAMPLE: 15/34)

PT SHIRT SIZE _______ PT SHORT SIZE _______
(EXAMPLE: M) (EXAMPLE: L)

SHOE SIZE/WIDTH _______
(EXAMPLE: 11.5M)

HEAD CIRCUMFERENCE/ HAT SIZE _______
(INCHES)

SIGNATURE _______ DATE _______
 ELECTRONIC PERSONNEL SECURITY QUESTIONNAIRE  
(SF86 ABRIDGED WORKSHEET) 

This document is meant to be an abridged information sheet in preparation for completing the SF86 on the Electronic Personnel Security Questionnaire (EPSQ). This is not a substitute for the actual SF86. DO NOT send this document to the Defense Security Service.

Keep the following in mind when completing the EPSQ:
- Indicate Unk (Unknown) or FNU (First Name Unknown), MNU (Middle Name Unknown) or LNU (Last Name Unknown) if names are ABSOLUTELY irretrievable.
- Dates should be formatted as YYYY/MM/DD (e.g., 1995/03/28).

PERSONAL INFORMATION

Name: First: ___________________________ Middle: ___________________________ Last: ___________________________
Suffix (i.e.: II, III, or Jr.)*: ___________________________
SSN: ___________________________ (YYYY/MM/DD)
Birth Date: ___________________________ City/State of Birth: ___________________________
County of Birth *: ___________________________ Country of Birth: ___________________________
Gender: Male Female
Maiden name (if applicable): ___________________________ First: ___________________________ Last: ___________________________
Work Phone: ___________________________ Day/ Evening (circle one).
Home Phone: ___________________________ Day/ Evening (circle one).
Height: ___________________________ (Feet/Inches: e.g., 5/11)
Weight: ___________________________ (Pounds)
Hair color: ___________________________
Eye color: ___________________________
STUDENT QUESTIONNAIRE

NAME (Last, First, Middle): ________________________________

NAVY OR MARINE OPTION: _______ SCHOLARSHIP/COLLEGE PROGRAM ______

GENDER (circle one): MALE FEMALE

HEIGHT (in inches): _______ WEIGHT (in lbs.): _______

RESIDENCE: R = Resident of South Carolina
N = Non Resident of South Carolina

(For Tuition Purposes)

INITIAL MAJOR: _____________

MARITAL STATUS
M = Married
D = Divorced
S = Single

NUMBER OF DEPENDENTS: (For whom the student is responsible) ______

EAGLE SCOUT (YES/NO): ___________

MILITARY: Child of a career military member (YES/NO): ______

HIGH SCHOOL TYPE: 0 = Not Applicable (GRD)
1 = Public (graduating class greater than 100)
2 = Public (graduating class less than 100)
3 = Private (graduating class greater than 100)
4 = Private (graduating class less than 100)

DEMOGRAPHIC: 1 = Urban (city greater than 500,000)
2 = Suburban (city less than 500,000)
3 = Rural farming/country environment

STUDENT’S LEVEL OF COMFORT IN THE WATER:
1 = Able to swim 500 or more yards
2 = Able to swim between 50 and 500 yards
3 = Able to swim 50 yards, but with some difficulty
4 = Able to stay afloat but not a good swimmer
5 = Not at all comfortable in the water or swimming

***NOTE: this will NOT be used in admissions decisions.***

NAVY: 1.5 MILE RUN TIME:_______ SIT-UPS:_______ PUSH-UPS:_______
(IN 2 MINUTES) (IN 2 MINUTES)

MARINES: 3 MILE RUN TIME:_______ CRUNCHES:_______ PULL-UPS:_______
(IN 2 MINUTES)

Verification of Physical Test scores:

Name __________________________ Position/Title __________________________
Phone Number __________________________ Signature __________________________

Enclosure (7)
RACE: _______ (See Race and Ethnic Codes Below)

ETHNICITY: _______ (See Race and Ethnic Codes Below)

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Enclosure (7)
# RECORD OF EMERGENCY DATA

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member’s death. It is also a guide for disposition of that member’s pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

## INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

## IMPORTANT:

This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

### SECTION 1 - EMERGENCY CONTACT INFORMATION

**1. NAME (Last, First, Middle Initial)**

**2. SSN**

**3a. SERVICE/CIVILIAN CATEGORY**

☐ ARMY  ☐ NAVY  ☐ MARINE CORPS  ☐ AIR FORCE  ☐ DoD  ☐ CIVILIAN  ☐ CONTRACTOR

**b. REPORTING UNIT CODE/DUTY STATION**

**4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)**

**b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER**

☐ SINGLE  ☐ DIVORCED  ☐ WIDOWED

**5. CHILDREN**

a. NAME (Last, First, Middle Initial)

b. RELATIONSHIP
c. DATE OF BIRTH (YYYY/MM/DD)
d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

**6a. FATHER NAME (Last, First, Middle Initial)**

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

**7a. MOTHER NAME (Last, First, Middle Initial)**

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

**8a. DO NOT NOTIFY DUE TO ILL HEALTH**

b. NOTIFY INSTEAD

**9a. DESIGNATED PERSON(S) (Military only)**

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

**10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)**

**DD FORM 93, JAN 2008**

**PREVIOUS EDITION IS OBSOLETE.**

Adobe 7.0 Professional
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<th>b. RELATIONSHIP</th>
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<td>14. CONTINUATION/REMARKS</td>
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15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)  
16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)  
17. DATE SIGNED (YYYYMMDD)
All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks," a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. Military: Mark X in appropriate block. Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.


ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health. a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casually due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None." b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in Item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 555. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

ITEM 10. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

1) To the surviving spouse of the person, if any;  
2) To any surviving children of the person and the descendants of any deceased children by representation;  
3) To the surviving parents or the survivor of them;  
4) To the duly appointed executor or administrator of the estate of the person;  
5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.
ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

ITEM 11b. Relationship. NOT APPLICABLE to civilians.

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in Item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

ITEM 13b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in Ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in Ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an Ink entry and must be completed on all copies.
# DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

- A separate form must be completed for each type of payment to be sent by Direct Deposit.

- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

<table>
<thead>
<tr>
<th>SECTION 1 (TO BE COMPLETED BY PAYEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> NAME OF PAYEE (last, first, middle initial)</td>
</tr>
<tr>
<td><strong>ADDRESS</strong> (street, route, P.O. Box, APO/FPO)</td>
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<tr>
<td><strong>B</strong> NAME OF PERSON(S) ENTITLED TO PAYMENT</td>
</tr>
<tr>
<td><strong>C</strong> CLAIM OR PAYROLL ID NUMBER</td>
</tr>
<tr>
<td>Prefix</td>
</tr>
<tr>
<td>Suffix</td>
</tr>
</tbody>
</table>

**PAYEE/Joint Payee Certification**

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

**SIGNATURE**

**DATE**

**SIGNATURE**

**DATE**

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

**GOVERNMENT AGENCY NAME**

Internal Revenue Service-Grant Program Office

**GOVERNMENT AGENCY ADDRESS**

401 W Peachtree St NW, Stop 420-DAranta, GA 30308

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF FINANCIAL INSTITUTION</th>
<th>ROUTING NUMBER</th>
<th>CHECK DIGIT</th>
<th>DEPOSITOR ACCOUNT TITLE</th>
</tr>
</thead>
</table>

**FINANCIAL INSTITUTION CERTIFICATION**

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

**PRINT OR TYPE REPRESENTATIVE’S NAME**

**SIGNATURE OF REPRESENTATIVE**

**TELEPHONE NUMBER**

**DATE**

Financial institutions should refer to the GREEN BOOK for further Instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.
NAVAL RESERVE OFFICERS TRAINING CORPS DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING

Authority: 5 U.S.C. 301 (Authorizing Forms and Regulations), 10 U.S.C. 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training), 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9357 (Use of Social Security Numbers); OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2 at 2-27 and 2-28.

Principal Purposes: To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.


Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for or disenrollment from the NROTC Program.

STATEMENT OF UNDERSTANDING

I, ____________________________ (Full name – first, middle, last)

understand the following:

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.

2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.

3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a “zero tolerance” policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.

4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (Mid), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC’s policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.

5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first, middle)

Signature: ____________________________ Date: ____________________________

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature: ____________________________ Date: ____________________________

Typed/Printed Name and Title of Witness

Signature: ____________________________ Date: ____________________________

NSTC 1533/153 (Rev. 11-13)
NAVAL RESERVE OFFICERS TRAINING CORPS DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING

Authority: 5 U.S.C. 301 (Authorizing Forms and Regulations); 10 U.S.C. 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training), 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9357 (Use of Social Security Numbers); OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2 at 2-27 and 2-28.

Principal Purposes: To obtain information used to evaluate an individual’s compliance with policy and fitness for service as a commissioned officer.

Routine Uses: Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

STATEMENT OF UNDERSTANDING

1. ____________________________________________ understand the following:

(Full name — first, middle, last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.

2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.

3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a “zero tolerance” policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.

4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (Mid.), NROTC College Program Student (Basic or Advanced), or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC’s policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urine screening as directed by NSTC.

5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program; and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first, middle)

Signature: ____________________________ Date: ____________________________

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature: ____________________________ Date: ____________________________

Typed/Printed Name and Title of Witness

Signature: ____________________________ Date: ____________________________

NSTC 1533/153 (Rev. 11-13)
NAVAL RESERVE OFFICERS TRAINING CORPS
ACCEPTANCE AND OATH OFFICE

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations) and 10 USC Sec. 2104, Subtitle A, Part III, Chapter 103 (Senior ROTC).

Principal Purpose(s): Used when administering the acceptance and oath of office for new Naval Reserve Officers Training Corps (NROTC) Midshipman.

Routine Purpose(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, http://www.privacy.navy.mil and the routine uses set forth here.

Disclosure: Failure to provide the requested information may result in removal from the NROTC program and/or loss of scholarship benefits.

ACCEPTANCE

I, ____________________________________________ having been permanently appointed as
Midshipman, (USNR/USMCR) from the ______________ day of ___________________________ do
accept such appointment.

APPOINTEE SIGNATURE

OATH OF OFFICE

I, ____________________________________________ having been appointed a midshipman, do
solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of office on which I am about to enter. So help me God.

APPOINTEE SIGNATURE

Subscribed and sworn to before me this ______________ day of ___________________________

H. M. HADLEY, CAPT, USN

WITNESSING OFFICER PRINTED NAME

WITNESSING OFFICER SIGNATURE

NSTC 1533/126 (07-11)
NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT

Privacy Act Statement
AUTHORITY: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations), Executive Order 9397 (Use of Social Security Numbers), and 10 USC § 2171 (Naval ROTC Financial Assistance Program)

PRINCIPAL PURPOSE(S): The primary use of this information is by officials to administer the Naval Reserve Officers Training Corps (NROTC) Program and to set forth the terms and conditions, including military service obligations under which the Navy will be providing an NROTC scholarship

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 USC § 552a(b) of the Privacy Act and the routine uses set forth in 32 CFR § 761.112 these records or information contained therein may be disclosed outside the Department of Defense to officials and employees of the college or university in which you enroll and those of the Veterans Administration and Selective Service Administration in the performance of their official duties related to enrollment and reenlistment eligibility and related benefits

DISCLOSURE: Disclosure is voluntary. However, failure to provide the requested information may result in ineligibility for and/or disqualification from the NROTC Program.

This contract (the 'Contract') is by and between the Department of the Navy (the 'Naval') and

Full Name (Last First Middle)
Social Security Number

(the 'Student') and sets forth the terms and conditions of the Student's participation in the Naval Reserve Officers Training Corps (the 'NROTC Program'). The Contract is effective as of the first day of the academic term in which it is signed (the 'Effective Date')

The Student is attending ___________________________ (the 'School')

is assigned to the NROTC unit located at ___________________________ (the 'Unit')

and is pursuing an academic major leading to a baccalaureate degree that falls in the following list of preferred academic majors (the 'Tier')

NOTE: The Tier was identified in the mailing sent to the Student notifying them they would be receiving an NROTC scholarship. (Check one)

Tier 1/Tier 2
Tier 3
Language Regional Experience and Culture Program Tier 3

The Student will be participating in the following NROTC Program (check one):

_____ Navy Option
_____ Marine Corps Option
_____ Navy Nurse Option

1 PURPOSE: The Navy and the Student agree that the purpose of this Contract is for the Navy to provide the educational assistance identified in Paragraph 2 (collectively, the 'Scholarship Benefits') to the Student in exchange for the Student's agreement to serve in the United States Navy or Marine Corps as a commissioned officer and to comply with all other Contract terms and conditions. For clarity, the Contract refers to the Student in the first person.

2 SCHOLARSHIPS

a Scholarship Benefits: Subject to the terms and conditions in this Contract, the Navy will provide the following Scholarship Benefits

i) Tuition and Fees: The Navy will pay all tuition and fees charged by the School for courses the Student takes and all mandatory fees (such as health, student activity, library and transcript fees) imposed by the School on all full-time undergraduate students, which I cannot refuse but am

obligated to pay. The Navy will not pay for

(a) Fees or costs incurred in connection with any aviation or flight training course including but not limited to flight hours, licensing, fuel, aircraft rental, ground instruction, and aircraft service, repair or maintenance. The Navy will not pay for any such fees or costs whether they are charged separately or are incorporated into the tuition charged for the course

(b) Any fees or tuition above or in addition to those normally charged that are for an elective course (such as horseback riding or skiing) not required to complete degree requirements or to fulfill any NROTC Program requirements unless my Unit's Professor of Naval Science (PNS) has determined in writing before I enroll in the course that taking the course would improve my understanding of a technical or scientific subject

(c) Any fees that I incur because I withdraw from a course, or any course that I repeat because I initially failed the course, or any course from which I withdrew after a time when I could have received tuition credit or reimbursement, or any course that I am required to receive a better grade

(d) Refundable fees, such as deposits required to secure the use of an apparatus used in coursework

(e) Charges I incur for breaking or damaging property;

(f) Fees assessed by the School for my failure to comply with any School requirement.

(g) Fees for advanced placement examinations, unless my Unit's PNS has determined in writing before I take the examination, that I will thereby receive credit for courses required to complete my Tier that will enable me to receive my commission earlier than scheduled under this Contract, in which case the Navy will reimburse me for such fees, or

(h) Medical or dental insurance
NAVAL RESERVE OFFICERS TRAINING CORPS
SCHOLARSHIP CONTRACT (continued)

(2) Books. Each Academic Year, the Navy will pay me a book allowance in the amount then prescribed by the NROTC Program. For purposes of this Contract, "Academic Year" is defined as that period which begins on the first day of the School's fall term and ends on the last day of the School's spring term, including the time during which I am taking required and scheduled end of term examinations. This book allowance will be paid in equal installments at the beginning of each academic term.

(3) Monthly Subsistence Allowance. During my freshman year, the Navy will pay me a monthly subsistence allowance in the amount then prescribed by law and regulation. The amount of this allowance increases as I attain higher academic rank (sophomore, junior or senior) and may be changed by law or regulation during the term of this Contract. I understand that I will not receive such an allowance for the period of time when I am on summer training or at-sea training times during which I am considered to be on active duty and will receive training pay.

(4) Training Pay and Travel Costs. The Navy will pay me for participating in summer training or at-sea training, since when I am not required to be on active duty, at the rate established for U.S. Naval Academy midshipmen. I will be entitled to such pay from the day I arrive at the training site to the day I depart. I understand that I am not eligible for training pay while I am traveling to and from the training site. I also understand that my travel costs from and to the training site are payable by the Navy in accordance with applicable travel regulations.

(5) Uniforms. The Navy will pay for the military uniform items prescribed by the NROTC Program regulations by the applicable Naval Uniform Regulations or by the Uniform Regulations of the applicable Naval Uniform Regulations for Officer Development. Naval Service Training Command Instruction 1553.2 as now issued and as amended from time to time (the "Regulation "). I understand that this Scholarship Benefits is limited to military uniforms only and that I am responsible for purchasing any such item of clothing required by my Tier as set forth in the Regulation.

3. ELIGIBILITY

a. Initial Eligibility for Scholarship Benefits. I understand and agree that I must meet certain criteria to qualify for the Scholarship Benefits. I therefore warrant and represent that I:

1. Am a citizen of the United States or a national of the United States;
2. Have a high school diploma or an equivalent certificate;
3. Have been accepted by and am enrolled as a full-time student at the School;
4. Am pursuing a course of study leading to a baccalaureate degree in the Tier;
5. Have no mental, emotional or personal conditions that will prevent me from obligating myself to bear arms and support and defend the Constitution of the United States against all enemies, foreign and domestic and I agree to take an oath obligating myself to perform such acts;
6. Have undergone a physical examination and have either (A) been found physically qualified to participate in the NROTC Program by a Department of Defense Medical Examination Review Board medical professional or (B) secured a waiver from the Navy for any disqualifying physical condition;
7. Have no condition that would disqualify me from military service as an officer or as an enlisted member;
8. Will be at least 17 years of age on or before 1 September in the year in which I first enroll in the NROTC Program and (B) under 27 years of age on the 30th day of June in the year I receive my commission, and
9. Have disclosed all information that may reasonably affect my eligibility for military service.

b. Continuing Eligibility for Scholarship Benefits. To continue receiving Scholarship Benefits following my initial selection, I must:

1. Be enrolled as a full-time student in, and remain in good standing with, the School, fulfilling all academic requirements;
2. Continue to pursue a baccalaureate degree in the Tier and not change my major, that the degree I am pursuing or my Tier without the express prior written consent of my PNS;
3. If I have been selected as a recipient of a Two-Year NROTC scholarship (as defined in the Regulation), I must take and complete the prescribed Naval Science Institute course during the summer before I am enrolled in the NROTC Program and am appointed a midshipman;
4. Enlist in the U.S. Navy Reserves or U.S. Marine Corps Reserve (the "Reserves") as specified in Paragraph 5 of this Contract;
5. Remain qualified for military service as an officer, meeting all applicable requirements;
6. Not be in a leave of absence from, and remain in good standing with, the Unit, fulfilling all NROTC Program requirements, including those set forth in the Regulation; and...
4 InterService Transfer Assignment to a Different NROTC Unit

a. To a Non-Navy/Marine Corps NROTC Program. If I request a transfer to the NROTC program of a military service other than the Navy or Marine Corps, I understand that the Navy will treat this as a request for disapproval from the NROTC Program.

b. To a Different NROTC Unit or NROTC Program School. If I request a transfer to a different NROTC unit or to a different educational institution that participates in the NROTC Program, I understand that the Navy will process my request in accordance with the Regulations. Such a transfer requires the prior written consent of the commanding officers of both the losing and gaining NROTC units. No such transfer will be considered approved or effective without the prior, written consent of an authorized Navy official.

5 Military Service Obligations

a. Incurred a Tuition Reimbursement or Active Enlisted Service Obligation. I understand and agree that I will incur either a military service or reimbursement obligation as specified in Paragraph 6 if I withdraw or am disenrolled from the NROTC Program at a certain date (the "Commitment Point"). To avoid incurring these obligations, I must have either been discharged from the NROTC Program by the Navy before the Commitment Point or have withdrawn myself from the NROTC Program in a manner deemed by the PHS before the Commitment Point. If I am under 18 years of age, the writing notifying the PHS must be signed by my parent or legal guardian. The Commitment Point is calculated as follows:

(1) If I am the recipient of a National Four-Year Scholarship awarded before entering my studies at the School, the Commitment Point is the first day the Naval Science class convenes during the fall term of my second year in the NROTC Program, whether or not I am physically present in that class.

(2) If I have been awarded a scholarship while attending the School and the scholarship will pay Scholarship Benefits for more than three academic years, the Commitment Point is the first day the Naval Science class convenes during the fall term of my second year in the NROTC Program, whether or not I am physically present in that class.

(3) In all other cases, the Commitment Point is the "Effective Date of this Contract".

(a) From Inactive Duty. If I am joining the NROTC Program from a reserve component, I will be conditionally released from my enlistment contract, and will sign a new enlistment contract for the period of time I will be in the NROTC Program, subject to the provisions of paragraphs 5a and 2c below. The new enlistment contract will provide that I will continue to serve in the reserve component that remained in the NROTC Program. I will be released from any duties, obligations and not called or ordered to active duty. This release and transferral will be effective on the day prior to my first day of class at the School. I understand and agree that during the time I participate in the NROTC Program, I will be entitled to the Scholarship Benefits and no other payments or benefits. I further understand and agree that my release from any active duty and absence of military obligations is conditioned on my continued participation in the NROTC Program.

(b) Resumption of Previous Enlistment Obligation on Disenrollment. If I disenroll or am disenrolled from the NROTC Program, I will be required to serve any unexpired portion of my previous enlistment obligation according to its terms. I agree that my service as an NROTC midshipman will not be counted as service for purposes of fulfilling any existing enlisted service obligation and hereby waive any rights I may have under any law or regulation to the contrary. I understand that my completion of any unexpired enlistment obligation will relieve me from the reimbursement or active enlisted service obligations described in Paragraph 6.

b. Commissioning as an Officer. Military Service Obligation. Upon my fulfillment of all Contract requirements, including receipt of the degree in the field and at the discretion of the Secretary of the Navy (the "Secretary"). I will be eligible for, and agree to accept a commission as an officer in the U.S. Navy, either Restricted Line Officer (RL) or Unrestricted Line Officer (UL), or as an officer in the U.S. Marine Corps. The effective date of any commission (which may differ from the actual date I receive my commission) will be noted on the commissioning scroll at my Date of Rank (Date of Rank). I understand and agree that upon being commissioned, I will be discharged from my enlisted service obligation and incur a new military service obligation (MSO) not to exceed eight (8) years from my Date of Rank. I understand that I cannot resign my commission before I complete this MSO. The time for me to report to duty and complete this MSO, however, may be extended at the discretion of the Secretary of the Navy if I have been accepted into a graduate or professional program that would delay the commencement of my MSO. I further understand that my active duty service obligation will be extended if I am accepted into a program requiring additional military service and that I may be involuntarily retained on active duty in the event of a national emergency. I will complete my MSO as follows:

(1) Active Duty Obligation. If offered a commission as a regular officer, I will serve on active duty for the following time period, depending on my NROTC Program status as stated in the preamble to this Contract:

(a) If I am a Navy Option participant, five (5) years.
(b) If I am a Marine Corps Option participant, four (4) years, and
(c) If I am a Navy Nurse Program participant, four (4) years.

(2) Whichever program status I select, if the regular commission is terminated before the 60th anniversary of my Date of Rank, I will accept an appointment, if offered, in the reserve component of the Navy or Marine Corps and will not resign until I have fulfilled the remainder of my MSO.
(3) Reserve Assignment. If offered a commission in the reserve component of the Navy or U.S. Marine Corps, I will serve in that reserve component until I have fulfilled my MSO.

(4) Combination of Active and Reserve Duty Assignment. If offered a commission in the reserve component of the Navy or U.S. Marine Corps with an obligation to serve on active duty at least two years, I will serve as requested until I have fulfilled my MSO.

(5) Secretary of the Navy Discretion. Notwithstanding anything to the contrary in this paragraph 5, the Secretary of the Navy or his/her designee may determine that the needs of the Navy require that I be assigned to the Individual Ready Reserve (IRR) upon or at any time after my commissioning. My service in the IRR will count as fulfillment of my MSO, but not the active duty service obligation I incur under Paragraph 5(a) above. If I am assigned to the IRR, I will be accumulating service time toward fulfillment of my active duty service obligation only during the time that I am activated for duty.

6. FAILURE TO FULFILL CONTRACT OBLIGATIONS. FAILURE TO COMMISSION

   a. Reimbursement or Active Enlisted Duty Service Obligation. At the discretion of the Secretary of the Navy or his/her designee, I will be required to either (a) serve on active enlisted duty for a period of at least two (2) years or (b) reimburse the Navy for the cost of the tuition and fees I have incurred under Paragraph 2(a)(1), plus interest if

      (1) I fail to fulfill any terms or conditions of this Contract.
      (2) I become ineligible to serve as an officer prior to commissioning.
      (3) I am not offered a commission by the Navy because the Navy has determined that I lack the aptitude or am not suitable to be an officer.
      (4) I am disenrolled from the NRQTC Program for any reason (including medical or physical disqualification), or
      (5) I refuse to accept a commission.

   b. Non-dischargeable Debt. I understand that any reimbursement obligation incurred under this Contract is a debt in the United States of America and may not be dischargeable in bankruptcy.

7. GENERAL PROVISIONS

   a. Subject to the Availability of Funds. The Navy's financial obligations under this Contract are contingent on the availability of appropriated funds from which payments due under this Contract can be made. No legal liability on the part of the Navy for any payment may arise until funds are made available by Congress through the annual federal budget process and are then allocated to the NRQTC Program.

   b. Incorporation of Program Regulations by Reference. The most current version of the Regulations is hereby incorporated by reference as if fully set forth in this Contract. Any conflicts between the Regulations and this Contract will be resolved in favor of this Contract. A copy of the Regulation shall be made available to the Student by the Unit upon the Student's request.

   c. Entire Agreement. This Contract represents the entire agreement of the parties concerning the matters addressed herein and supersedes any prior agreements, understandings, or representations.

   d. Modification and Waiver. This Contract may be modified from time to time in writing signed by duly authorized representatives of each party. Oral modifications to this Agreement are not binding on any party. Unless expressly stated in a writing signed by a party, the waiver by a party of any act, duty, or obligation required under this Contract shall not be construed as a waiver of any other or of any future, act, duty, or obligation to be performed by that party.

   e. Captions and Headings. The captions and headings contained in this Contract are for reference purposes only and shall not affect in any way the interpretation of this Contract.

   f. No Third Party Beneficiary. Nothing expressed or implied in this Contract is intended or shall be construed to confer upon or give any person or entity other than the Student and the Navy any rights or remedies by reason of or under this Contract.

   g. Construction and Governing Law. This Contract is governed by, and shall be construed under, Federal law.

   h. Severability. Any provision of this Contract declared or determined by any court, administrative tribunal or agency to be illegal or invalid will not affect the validity of the remaining provisions.

8. NOTICE. Unless otherwise stated in this Contract, notices required to be given to either party shall be effective upon receipt, must be in writing, and if mailed, or sent via a courier service must be addressed as follows:

   Navy
   Command Name
   Address 1
   Address 2
   City, State Zip Code

   Student
   Student Name
   Address 1
   Address 2
   City, State Zip Code
NAVAL RESERVE OFFICERS TRAINING CORPS  
SCHOLARSHIP CONTRACT (continued)

### STUDENT SIGNATURE

I have read, completely understand and agree to this Contract

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
<th>Signature of Witness</th>
<th>Date</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Student's Date of Birth (YYYYMMDD)</th>
<th>Print Name of Witness (First, M, Last)</th>
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</table>

<table>
<thead>
<tr>
<th>Print Full Name of Student (First, M, Last)</th>
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### CONSENT OF PARENTS (OR GUARDIANS)

(To be completed if the student is under 18 years of age at the time of signing this Contract)

I certify that I am the parent or legal guardian of the Student who has signed this Contract in the above signature block.

I have read and understand this Contract.

I hereby consent to the Student's execution of and entry into, this Contract.

<table>
<thead>
<tr>
<th>Signature of Parent or Legal Guardian</th>
<th>Date</th>
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<tr>
<th>Print Name (First, M, Last)</th>
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### FOR THE SECRETARY OF THE NAVY

<table>
<thead>
<tr>
<th>NROTC Commanding Officer:</th>
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<tr>
<th>Signature</th>
<th>Date</th>
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<tr>
<th>Printed Name (First, M, Last) and Rank</th>
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<table>
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<tr>
<th>Name of Unit</th>
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FOR REVIEW ONLY