

## Instructions

Please read these instructions in their entirety before beginning the application.

Familiarize yourself with the requirements and expectations of the NPP program located on the application coversheet. Additionally review the majors are eligible to choose from on the ODU Degree Options page.

Review the Application Checklist so you'll know which documents need to be submitted along with the application

Incomplete applications will not be reviewed. In summary, required app materials are:

D (1) Scholarship Application, 6 pages total, includes two 400-word essays

E (1) SAT/ACT Score Report

F (1) High School Transcript

G (1) Full-length photograph in NJORTC uniform (if applicable)

H (1) SNSI Letter of Recommendation using the provided form (or an instructor if not in NJROTC)

I (2) Optional (but highly recommended) additional Letters of Recommendation using provided form

J (1) Fitness Assessment Score Sheet, 1 page total

K (1) Statement of Understanding

L (1) Drug Statement

M (1) Debarment Statement

Fill out the Scholarship Application as completely as possible.

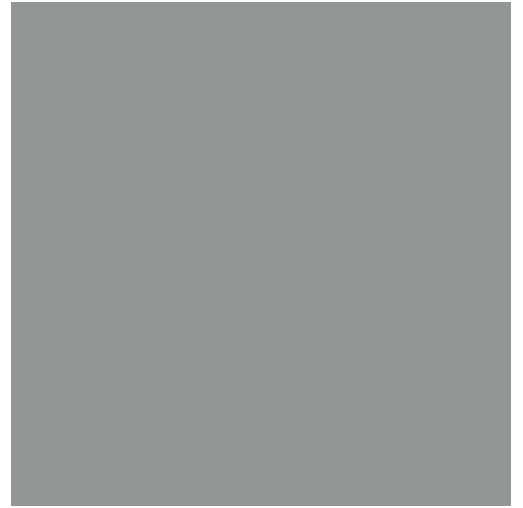
D Open the forms in Adobe Reader. Adobe Reader is available free at this website:

<https://get.adobe.com/reader/>

E Start typing your information into the document. Note: Write your essay in Microsoft Word first so that you can spell check them. Then, cut and paste them into the application. Max allowed essay length is approximately one page, single-spaced in Microsoft Word. Ensure your entire essay is visible in the form when printed.

F

# NROTC Preparatory Program (NPP) Scholarship



7KH 1DYDO 527& 3UHSDUDWRU\ 3URJUDPLF DORR DQVK IRORSHU YLGHV HFRQRP

\* Scholarship provides for in state tuition only. Out of state applicants are welcome to apply and can qualify for in state tuition through the Academic Common Market program for their state. <https://www.sreb.org/academic-common-market>

\*\* Good standing is defined as maintaining academic, disciplinary and physical requirements per NSTC 1533.2D- Regulations for Officer Development and students must also demonstrate sufficient secondary education academic capabilities to begin NROTC required courses as well as, receive a positive endorsement from the Professor of Naval Science.



# Old Dominion University NROTC Preparatory Program Scholarship Application



Checklist	
	ODU NROTC Preparatory Program (NPP) Scholarship Application
	SAT/ACT Official Report
	High School Transcripts with Class Rank
	Full-length photograph of applicant wearing NJROTC uniform as applicable
	SNSI Recommendation Form (Teacher recommendation if not an NJROTC cadet)
	Complete Applicant Fitness Assessment and Submit AFA Score Sheet
	Up to (2) non-SNSI Letters of Recommendation
	Complete (3) NSTC Forms: SOU, Drug Statement, Debarment Statement
	Apply for Free Application for Federal Student Aid (FAFSA) <a href="https://studentaid.ed.gov/sa/">https://studentaid.ed.gov/sa/</a> Add ODU FAFSA ID to your application: 003728 (Strongly recommend be filed by <b>1 JAN 25</b> )
	Apply to Old Dominion University, <a href="https://blue.odu.edu/admission/apply/">https://blue.odu.edu/admission/apply/</a>

Biological Oceanography	2
	2
	2
	2

Engineering200

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Date of Birth

Are you a US Citizen?      YES      NO

Male      Female

Ethnic Background (Optional)

- Aleut
- Chinese
- Cuban
- Eskimo
- Filipino
- Puerto Rican

Email Address

**Parent/Legal Guardian's Previous Military History**

Parent/Legal Guardian      Branch      Rank/Rate

**Extracurricular Activities**

Hours/Week

9	10	11	12
9	10	11	12
9	10	11	12
9	10	11	12

**Athletic Activities**

READ CAREFULLY: Identify only those sp

9	10	11	12
9	10	11	12
9	10	11	12
9	10	11	12

**Other Activities**

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

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DfYdUfUhcfm`GW\c`Ufg`]d`5dd`]WUh]cb

Employment

List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

From	Dates To	Employer Name, Address & Phone Number	Hours/ Week	Type of Work Performed
------	-------------	---------------------------------------	-------------	------------------------

9	10	11	12	
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Other

Total Volunteer  
Hours Per Year

Would you be willing to attend any university with a similar program resulting in a Naval Commission? Yes No

Essay 1: Why do you want to become a Commissioned Officer through ~~Kivy~~ University? (400 words or less)

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1. Have you ever applied for or signed any agreement concerning

No

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DfYdUfUhcfm`GW\c`Ufg`]d`5dd`]WUh]cb

Height                      Weight                      Date of Last Sports Physical / Private Sector Physical

Medical History

Answer the following questions. If you answer 'Yes' provide explanations in block 41

Yes                      No

- 1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?
- 2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)?
- 3. Color vision deficiency?
- 4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?
- 5. Loss of balance or vertigo?
- 6. Hearing loss or use of a hearing aid?
- 7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?
- 8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)
- 9a. Tooth or gum trouble (excluding cavities)?
- 9b. Date of last dental exam:
- 10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?
- 11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?
- 12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?



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- 34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?
- 35. Tumor or cancer?
- 36. Cold or heat injury?
- 37. Rhabdomyolysis?
- 38. Have you been prescribed medications in the last 12 months? (if "yes" list names, reason, and approximate dates used in Block 41)?
- 39. Have you EVER been hospitalized (including psychiatric)?
- 40. Have you EVER been rejected or discharged for military service for any reason?

**Medical Comments**

41. Explain all "Yes" answers to questions 1-40 above. Begin with the Item Number. Describe answer(s): provide date(s) of problem(s) /condition(s); provide names of Health Care Providers (HCPs), Clinic(s) and/or Hospital(s) along with the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status (ongoing/resolved). Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records if requested.

I certify that all medical information provided by me is complete and correct to the best of my knowledge.  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



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**KPENWFG COMPLETED SCORE SHEET YKVJ" [ QWT"RPR"CRRNKECVKQP**



OMB Control Number: 0703-0026, Exp. \_\_\_\_\_

**AGENCY DISCLOSURE STATEMENT**

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time

~~CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING OR~~  
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AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 4 hours per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.