

ROTC GENERAL INFORMATION SHEET

TODAY'S DATE: _____

UNIVERSITY: _____ STUDENT ID# _____
ACADEMIC MAJOR: _____ GRAD DATE: _____

LAST NAME: _____
FIRST NAME: _____ MIDDLE NAME: _____

SSN: _____ GENDER: _____

RACE: _____ ETHNIC GROUP: _____ BLOOD TYPE: _____

HAIR COLOR: _____ EYE COLOR: _____ AGE: _____

ARE YOU A U.S. CITIZEN? _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
CITY & STATE OF BIRTH: _____

PERMANENT HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PERSONAL EMAIL ADDRESS: _____
ARMY AKO EMAIL ADDRESS: _____

(If you are contracted, you must have an Army AKO email address)

DO YOU HAVE A DOD CAC CARD? _____ IF SO, ID# _____ EXP. DATE _____

ARE YOU A MILITARY DEPENDENT? _____

NEXT OF KIN: _____ RELATIONSHIP: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____

ARE YOU IN THE ARMY RESERVES OR THE NATIONAL GUARD? _____

IF YES: _____

UNIT NAME: _____ UNIT PHONE NUMBER: _____

UNIT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

HIGH SCHOOL GPA: _____ SAT SCORE: _____ ACT SCORE: _____
NAME OF HIGH SCHOOL: _____ HIGH SCHOOL ZIPCODE: _____

ARE YOU ON AN ROTC TUITION SCHOLARSHIP? _____

WHICH ROTC SCHOLARSHIP? _____

ANY SCHOLARSHIP NOT LISTED? _____

DO YOU HAVE AN ROTC HOUSING SCHOLARSHIP? _____

COLLEGE ACEDEMIC YEAR: _____

CURRENT MILITARY SCIENCE LEVEL: _____

CURRENT MILITARY SCIENCE CLASSES COMPLETED:

MS1141	_____	MS1142	_____	MS2251	_____	MS2252	_____
MS3341	_____	MS3342	_____	MS4341	_____	MS4342	_____

HAVE YOU TAKEN THE DODMERB PHYSICAL? _____

HAVE YOU CONTRACTED WITH ROTC? _____

LANGUAGE CAPABILITY (Other than English):

1 st LANGUAGE	_____	SPEAKING:	_____	READING	_____	WRITING	_____
2 nd LANGUAGE	_____	SPEAKING:	_____	READING	_____	WRITING	_____
3 rd LANGUAGE	_____	SPEAKING:	_____	READING	_____	WRITING	_____
4 th LANGUAGE	_____	SPEAKING:	_____	READING	_____	WRITING	_____

LIVED IN FOREIGN COUNTRY (Not Visited):

COUNTRY: _____ How Long: _____

COUNTRY: _____ How Long: _____

STUDIED ABROAD?

COUNTRY: _____ How Long: _____

COUNTRY: _____ How Long: _____

MARITAL STATUS: _____ ARE YOU A MILITARY SPOUSE? _____

DO YOU HAVE A MILITARY SPOUSE? _____

NUMBER OF ADULT DEPENDENTS: _____ NUMBER OF CHILD DEPENDENTS: _____