

NROTC NEW STUDENT INDOCTRINATION (NSI) INFORMATION SHEET

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AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974.

PRIVACY ACT STATEMENT

AUTHORITY: 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), and System of Records Notice(s) (SORN) N01131-1 and N0180-3.

PURPOSE(S): The primary use of this information is for 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. The information 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.

ROUTINE USE(S): 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 enlistment and reenlistment eligibility and related benefits. Other uses may include - Providing information to officials and employees of the Department of Transportation, and other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided may be used to screen and select individuals to receive 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. 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. Information provided on this form 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, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in ineligibility for, and/or disenrollment from, the NROTC Program.

More information on the SORNS can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Please complete all items legibly.

All fields ARE REQUIRED to register NSI participants in training and healthcare systems prior to the start of training.

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____

Social Security Number: _____
Enter FULL 9 digit number

Date of Birth: _____
Enter as MM/DD/YYYY

Place of Birth: _____

Marital Status: _____
Single, Married, Divorced, Widowed

Ethnicity: _____
Check the boxes below

Ethnic Code: You may select as many of the ethnic categories that you feel apply to you. This data is used solely for statistical purposes	<input type="checkbox"/> (1) Other Hispanic Descent	<input type="checkbox"/> (6) Mexican	<input type="checkbox"/> (G) Chinese	<input type="checkbox"/> (S) Latin American with
	<input type="checkbox"/> (2) U.S./Canadian Indian	<input type="checkbox"/> (7) Eskimo	<input type="checkbox"/> (H) Guamanian	Hispanic Descent
	<input type="checkbox"/> Tribes	<input type="checkbox"/> (8) Aleut	<input type="checkbox"/> (J) Japanese	<input type="checkbox"/> (V) Vietnamese
	<input type="checkbox"/> (3) Other Asian Descent	<input type="checkbox"/> (9) Cuban	<input type="checkbox"/> (K) Korean	<input type="checkbox"/> (W) Micronesian
	<input type="checkbox"/> (4) Puerto Rican	<input type="checkbox"/> (D) Indian/Pakistani	<input type="checkbox"/> (L) Polynesian	<input type="checkbox"/> (X) Caucasian/White
<input type="checkbox"/> (5) Filipino	<input type="checkbox"/> (E) Melanesian	<input type="checkbox"/> (Q) Other Pacific Island	<input type="checkbox"/> (Y) Other	Descent

Religious Preference: _____

Sex (for berthing purposes): _____ Male _____ Female _____

Home of Record (HOR)

(Often Parent's address):

Street _____

City, State, ZIP Code _____

Cell Phone #: _____

Residence Phone #: _____

Parent/Guardian 1 Full Name: _____

Address (If different from above): _____

Parent/Guardian 1 Contact Phone #: _____ Phone Type? _____

Parent/Guardian 2 Full Name: _____

Address (If different from above): _____

Parent/Guardian 2 Contact Phone #: _____ Phone Type? _____

NROTC OPTION: Check one ☐ Navy ☐ Nurse ☐ Marine Corps

Date of High School Graduation: _____

Do you have any commitments that prevent you from attending any of the NSI training iterations? ☐ YES ☐ NO

If YES, for which dates are you unavailable? _____

DoD Identification Number (for military dependents only): _____

Midshipman Candidate Signature: _____ Date: _____

Printed Name: _____