

ILLINOIS TECH

NROTC Preparatory Program Scholarship Application

Application Checklist

<input type="checkbox"/>	Illinois Tech NROTC Preparatory Scholarship Application
<input type="checkbox"/>	Apply to Illinois Tech through the Common Application
<input type="checkbox"/>	High School Transcript and SAT/ACT Official Report
<input type="checkbox"/>	Apply for Free Application for Federal Student Aid (FAFSA) Illinois Tech ID: 001691
<input type="checkbox"/>	Letters of Recommendation (SNSI recommendation required if NJROTC)
<input type="checkbox"/>	Report of Medical History, signed by your physician (do not include social security number)
<input type="checkbox"/>	Report of Medical Examination, signed by your physician (do not include social security number)
<input type="checkbox"/>	Drug Statement
<input type="checkbox"/>	Official Applicant Fitness Assessment (AFA) Score Sheet
<input type="checkbox"/>	Completed Annual Certificate of Physical Condition

Instructions

1. Submit your application and supplemental materials to Illinois Tech through the Common App.
2. Download the Presidential NROTC Preparatory Scholarship Application form, the AFA scoring sheet, the Report of Medical History, Report of Medical and the Drug Statement at <https://admission.iit.edu/NROTC>
3. Fill out the NROTC application form by typing directly into the document. Once completed, print out the application and sign it using pen.
4. Upload the following signed and completed forms to <https://admission.iit.edu/NROTC>:
 - Presidential NROTC Preparatory Scholarship Application form
 - Drug Statement
 - Report of Medical History
 - Report of Medical Examination
5. Have a coach at your school, or your Senior Naval Science Instructor administer the AFA and email the signed copy of the AFA score sheet to ugaprocessing@iit.edu. This should be sent in by the person who administered the test, not by the applicant.
6. You must obtain a letter of recommendation from either your SNSI or a Math or English teacher. Additional letters of recommendation from other sources are encouraged but not required. All letters of recommendation must be emailed by the person writing the recommendation to ugaprocessing@iit.edu

If you have any questions, please do not hesitate to contact:

LT Joshua Smith

10 W 35th Street
Tower Building, 15th Floor
Chicago, IL 60616

Phone: 312.567.8963

Email: NROTC@iit.edu

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Personal Information

Please enter your name as it appears on your passport or other official documents.

Name _____ Date of Birth _____
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Legal Sex: Male
 Female

Preferred Name _____ Previous Last Name(s), if any _____

Email _____ Intended Major or Area of Study _____

Permanent Address

Street Address Apt. #
City/Town State/Province Country Zip/Postal Code

Phone _____ Alternate Phone _____
Begin with Area or Country Code Begin with Area or Country Code

Citizenship

Place of Birth _____
City/Town State/Province Country

US Citizen Dual US citizen; please specify other country of citizenship _____

US permanent resident visa; citizen of _____ Alien registration number _____

Other Citizenship _____
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? _____

If not English, language spoken in your home _____ If not English, list your first language _____

Ethnicity

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner *and will not be used as a factor for selection or disqualification.*

Are you Hispanic or Latino? Yes No (country of family's origin _____)

How would you describe your racial background? (select one or more of the following categories):

- Asian (country of family's origin _____) Native Hawaiian or Other Pacific Islander
 Black or African American White
 American Indian or Alaska Native (enrolled _____)
Tribal affiliation _____

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Academic Information

School _____ CEEB Code _____

Type of school: Public Private Correspondence Charter Parochial Home-School Other/Education Provider

School Address _____
Number and Street

City/Town _____ State/Province _____ Country _____ Zip/Postal Code _____

Start Date _____ (mm/yyyy) Date of Graduation _____ (mm/yyyy)

Counselor's Name _____ Phone _____
Begin with Area or Country Code

Counselor's Email _____ Fax _____
Begin with Area or Country Code

Are you currently enrolled in school? Yes No Will/did you graduate from High School early? Yes No

Current Year's Courses

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.

Other High Schools

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Colleges/Universities

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____

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Academic Information

Please list any Advanced Placement or International Baccalaureate exams taken along with the test date and score.

Test Date	Subject	Score	Test Date	Subject	Score
Test Date	Subject	Score	Test Date	Subject	Score
Test Date	Subject	Score	Test Date	Subject	Score

Standardized Test Information

List your test scores below. You must have the testing agency send official scores to each institution to which you are applying.

SAT Reasoning

Test Date	Evidence Based Reading & Writing	Math	Optional Essay	Test Date	Evidence Based Reading & Writing	Math	Optional Essay
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SAT Subject

Test Date	Subject	Score	Test Date	Subject	Score
Test Date	Subject	Score	Test Date	Subject	Score

ACT

Test Date	English	Math	Reading	Science	Composite	Optional Essay
Test Date	English	Math	Reading	Science	Composite	Optional Essay
Test Date	English	Math	Reading	Science	Composite	Optional Essay

ASVAB

Test Date	AFQT Score	Test Date	AFQT Score
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Academic Distinctions

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society).

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Extracurricular Information

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership. Examples: NJROTC, Student Government, Eagle Scout, etc...

Activity/Organization	Specific Accomplishments/ Positions Held	Grade Level(s)				Hours/Week	Weeks/Year
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	_____	_____
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	_____	_____
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	_____	_____
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	_____	_____

Athletic Activities

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you lettered in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. If you will play a sport in college, check the box under 'College.' Do not list intramural activity.

Sport	Positions Held	Awards/Recognition	Grade Level(s)				JV/Club	College
_____	_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>

Employment Information

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Volunteering

READ CAREFULLY: Identify only those volunteering activities in which you engaged during school grades 9-12. List the number of hours performed per year next to the box corresponding to the correct school year and volunteer activity. Attach additional sheets if more space is needed.

Activity	Description/Remarks	Grades/Hours			
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
_____	_____	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

- Are you a (check all that apply) Veteran Dependent of US Veteran Active US Military National Guard or Active Reserve
- If you are/were a part of the military, which branch (check all that apply) Army Navy Air Force Marines Coast Guard
- Are you applying to any service academies or other ROTC programs? Yes No
(If so, please list all in the additional information section.)
- Have you ever been rejected for any reason for service in any branch of the military? Yes No
(If so, please describe fully in the additional information section.)
- Would you be willing to attend any university with a similar program resulting in a Naval Commission? Yes No
- Are you going to be a first generation college student? Yes No Mother Father Sibling Aunt Uncle Cousin
(If "no", please indicate relatives who have completed a 4-year degree)

Family Information

If you have any family member(s) or legal guardian(s) who has served or is/are currently serving in the military, please indicate below.

Parent/Legal Guardian Military History (More room available in "Additional Information")

Name (relationship)	Branch	Rank/Rate	Status (Active/Retired)	Commissioning Source if Applicable

Physical Fitness Information

Applicant height (feet, inches): _____

Applicant weight (lbs): _____

AFA Information:

(The official score sheet for the AFA will be submitted separately)

- Crunches: _____
- Push-ups: _____
- 1 mile run time: _____
- Observer name, position: _____
- Observer phone number: _____

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Please answer the following questions. Provide explanations for “yes” replies in the additional information section below.

	Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If 'Yes', list the date, place of application, program applied for and current status of application.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If 'Yes', list the date, place, service, and current status of enlistment.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the constitution of the United States against all enemies, foreign and domestic?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here. If you need more space, please attach your response to the end of the application.

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Service Community

Which service community are you most interested in joining in the Navy and why? If you are not selected for that community, would you still accept your commission as a Naval Officer. Limit responses to 250 words.

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Essay Response

Discuss your reasons for wanting to become a Naval Officer. Specifically comment on leadership positions you have held, the challenges you have faced, and the lessons you have learned. Limit your response to 500 words.

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Medical History (If you answer "yes," please provide explanation in block 41.)		Yes	No
1. Eye trouble (to include vision loss, cataract, glaucoma, keratoconus, corneal ectasia, retinal detachment)?		<input type="checkbox"/>	<input type="checkbox"/>
2. Surgery to improve vision (PRK, LASIK, LASEC, RK, intraocular lens implant, cross linking)?		<input type="checkbox"/>	<input type="checkbox"/>
3. Color vision deficiency?		<input type="checkbox"/>	<input type="checkbox"/>
4. Ear trouble (to include perforated ear drum, tubes in ears, or other ENT surgery)?		<input type="checkbox"/>	<input type="checkbox"/>
5. Loss of balance or vertigo?		<input type="checkbox"/>	<input type="checkbox"/>
6. Hearing loss or use of a hearing aid?		<input type="checkbox"/>	<input type="checkbox"/>
7. Nose, throat, or sinus trouble (to include sinusitis, abscess, surgery on nose, sinuses or throat)?		<input type="checkbox"/>	<input type="checkbox"/>
8. Orthodontic treatment? (if "yes", include completion or projected date of completion in block 41)		<input type="checkbox"/>	<input type="checkbox"/>
9a. Tooth or gum trouble (excluding cavities)?		<input type="checkbox"/>	<input type="checkbox"/>
9b. Date of last dental exam:			
10. Breathing trouble (to include asthma, wheezing, shortness of breath, chronic cough, use of inhaler, collapsed lung)?		<input type="checkbox"/>	<input type="checkbox"/>
11. Cardiac trouble (to include chest pain, palpitations, heart valve problems, surgery, high or low blood pressure)?		<input type="checkbox"/>	<input type="checkbox"/>
12. Gastrointestinal trouble (to include celiac disease, irritable bowel syndrome, ulcer, reflux, esophagitis, gallstones, hernia, or hepatitis)?		<input type="checkbox"/>	<input type="checkbox"/>
13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?		<input type="checkbox"/>	<input type="checkbox"/>
14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)		<input type="checkbox"/>	<input type="checkbox"/>
14b. Date of last menstrual period (females only):			
14c. Date of Last PAP smear (females only):			
15. Testicular or prostate trouble? (males only)		<input type="checkbox"/>	<input type="checkbox"/>
16. Orthopedic problems of the back or neck?		<input type="checkbox"/>	<input type="checkbox"/>
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?		<input type="checkbox"/>	<input type="checkbox"/>
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?		<input type="checkbox"/>	<input type="checkbox"/>
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?		<input type="checkbox"/>	<input type="checkbox"/>
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?		<input type="checkbox"/>	<input type="checkbox"/>
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)		<input type="checkbox"/>	<input type="checkbox"/>
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?		<input type="checkbox"/>	<input type="checkbox"/>
23. Allergic reaction to food, medications, insects?		<input type="checkbox"/>	<input type="checkbox"/>
24. A positive PPD or been treated for tuberculosis?		<input type="checkbox"/>	<input type="checkbox"/>
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?		<input type="checkbox"/>	<input type="checkbox"/>
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?		<input type="checkbox"/>	<input type="checkbox"/>
27. Head injury, memory loss, amnesia?		<input type="checkbox"/>	<input type="checkbox"/>
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?		<input type="checkbox"/>	<input type="checkbox"/>

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Medical History (Continued)	Yes	No
29. Frequent or severe headaches in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?	<input type="checkbox"/>	<input type="checkbox"/>
31. Evaluation or treatment for depressive disorder?	<input type="checkbox"/>	<input type="checkbox"/>
32. Evaluation or treatment for anxiety disorder or panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?	<input type="checkbox"/>	<input type="checkbox"/>
34. Evaluation or treatment for attention deficit hyperactivity disorder, attention deficit disorder, or learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
35. Tumor or cancer?	<input type="checkbox"/>	<input type="checkbox"/>
36. Cold or heat injury?	<input type="checkbox"/>	<input type="checkbox"/>
37. Rhabdomyolysis?	<input type="checkbox"/>	<input type="checkbox"/>
38. Have you been prescribed medications in the last 12 months? (if "yes" list names, reason, and approximate dates used in Block 41)?	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you EVER been hospitalized (including psychiatric)?	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you EVER been rejected or discharged for military service for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

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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Please read and initial by each of the following statements below indicating your understanding of each. After initialing all statements, please sign and date at the bottom of the page.

Statements

1. _____ University will provide tuition*, fees, and room & board for a one-year NROTC preparation program as a Midshipman Candidate.
2. _____ Provided you meet the criteria below, you will be awarded a National NROTC scholarship to the University at the conclusion of your first year:
 - a. _____ Science/Technical major (Tier 1 / Tier 2 - 15 majors available).
 - b. _____ Maintain greater than 2.8 minimum GPA.
 - c. _____ Pass the Navy Physical Fitness Assessment once a semester with a score of "Good Low" or better.
 - d. _____ Reside at university (dormitories).
 - e. _____ Maintain Navy Bureau of Medicine and Surgery (BUMED) medical standards
3. _____ Upon completion of the first year, you will be financially responsible for room & board costs (competitive room & board scholarships are available).

*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>

Verification

Your signature below confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant _____

Date _____