



The University of Maine Naval ROTC Preparatory Program

Application Checklist

	University of Maine Naval ROTC Preparatory Program (NPP) Scholarship Application
	SAT/ACT Official Report*
	High School transcripts (with class rank if available)
	Senior Naval Science Instructor recommendation submitted (If applicable)
	Letters of Recommendation (2)
	Apply for Free Application for Federal Student Aid (FAFSA) https://studentaid.ed.gov/sa/fafsa, Add University of Maine FAFSA ID to your application: 002053
	Applicant Fitness Assessment
	Drug Statement (NSTC)
	Debarment Statement (NSTC)
	Statement of Understanding (NSTC)
	Apply to the University of Maine Admissions via Common Application https://go.umaine.edu/apply/ **

Instructions

1. Visit our website: <https://umaine.edu/navalrotc/>
2. Click the “NROTC Preparatory Program” tab on the top of the screen.
3. Once the full checklist from above is completed please scan and send the **entire** package to Patrick.k.armstrong@maine.edu and sheryl.hill@maine.edu. Partial submissions will not be considered except in the case of pending SAT/ACT scores.

Selection Process

1. Naval ROTC will begin accepting packages
2. A selection board will be convened to evaluate applications on a rolling basis during the application open period.
3. The selection board will select qualified candidates.
4. Selectees will be notified by email and/or telephone notification and provided a set time period to either accept or decline the offer.

Any questions can be directed to the emails above or call our office at 207-581-1551

*If a student is having trouble accessing SAT/ACT testing facilities, we will accept the initial package without those scores. Applicants should submit SAT/ACT scores as soon as possible.

**You must apply to both University of Maine via Common Application and as well as the Naval ROTC NPP program. These applications are separate.



Maine Maritime Academy / The University of Maine NROTC Preparatory Program Scholarship Application



Personal Information

Name (Last, First, Middle)		Phone
Current Mailing Address		Name of Parent/Guardian
Place of Birth		Date of Birth
Address of Parent/Guardian		

Are you a US Citizen? YES NO If Naturalized, give date, place, court of jurisdiction, and certificate number.

Gender

Male Female

What is your race? <small>Mark one or more of the categories below (Optional)</small> American Indian/Alaskan Native Asian African American/Black Native Hawaiian/Other Pacific Islander Caucasian	Ethnic Background (Optional) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Aleut</td> <td style="width: 25%;">Korean</td> <td style="width: 25%;">Other Asian Descent</td> <td style="width: 25%;">US/Canadian Indian Tribes</td> </tr> <tr> <td>Chinese</td> <td>Latin American w/ Hispanic Descent</td> <td>Other Hispanic Descent</td> <td>Vietnamese</td> </tr> <tr> <td>Cuban</td> <td>Melanesian</td> <td>Other Pacific Island Descent</td> <td>Other</td> </tr> <tr> <td>Eskimo</td> <td>Mexican</td> <td>Polynesian</td> <td>None</td> </tr> <tr> <td>Filipino</td> <td>Micronesian</td> <td>Puerto Rican</td> <td></td> </tr> </table>	Aleut	Korean	Other Asian Descent	US/Canadian Indian Tribes	Chinese	Latin American w/ Hispanic Descent	Other Hispanic Descent	Vietnamese	Cuban	Melanesian	Other Pacific Island Descent	Other	Eskimo	Mexican	Polynesian	None	Filipino	Micronesian	Puerto Rican	
Aleut	Korean	Other Asian Descent	US/Canadian Indian Tribes																		
Chinese	Latin American w/ Hispanic Descent	Other Hispanic Descent	Vietnamese																		
Cuban	Melanesian	Other Pacific Island Descent	Other																		
Eskimo	Mexican	Polynesian	None																		
Filipino	Micronesian	Puerto Rican																			

Email Address	Intended Institution and Major or Area of Study (Tier 1 or Tier 2 only)		
	MMA		
	UMaine		

Parent/Legal Guardian's Previous Military History

Parent/Legal Guardian	Branch	Rank/Rate	Status (Active/Retired)	Commissioning Source (if applicable)

Extracurricular Activities

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...

Organization	Positions Held	Hours/Week	Grades of Participation			
			9	10	11	12

Athletic Activities

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. Do not list intramural activity.

Sport	Positions Held	Awards/Recognition	JV/Club	Grades of Participation			
				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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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.

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

Volunteering

Identify only those volunteering activities in which you engaged during school grades 9-12. List the number of hours performed per year in the box corresponding to the correct school year and volunteer activity. If other is selected, please include a brief description of your volunteer work in the remarks. Attach additional sheets if more space is needed.

Grade	9	10	11	12	Volunteer Work Remarks
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 the Maine Maritime Academy/ University of Maine NROTC Program? (400 words or less)



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Essay 2: Have you experienced any adversity in your life (parents divorced, single parent family, multiple high schools, frequent moves etc.). If so, describe the circumstances and how you met the challenges. (400 words or less)

Answer the following questions. If you answer 'Yes' provide explanations on an additional sheet.	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.)		
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.)		
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		
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?		
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.)		
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?		
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.)		
8. Have you ever been arrested or convicted of trafficking illegal drugs?		
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.)		

I certify that all information given by me is complete and correct to the best of my knowledge.
I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.

Applicant Signature	Date
Parent/Legal Guardian Signature	Date



Maine Maritime Academy/ The University of Maine NROTC Preparatory Program Scholarship Application



Medical History

Height	Weight	Date of Last Sports Physical / Private Sector Physical		
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)?				
13. Inflammatory bowel disease (to include Ulcerative colitis or Crohn's disease)?				
14a. Gynecologic trouble (including endometriosis, polycystic ovarian disease, abnormal pap smear)? (females only)				
14b. Date of last menstrual period (females only):				
14c. Date of Last PAP smear (females only):				
15. Testicular or prostate trouble? (males only)				
16. Orthopedic problems of the back or neck?				
17. Orthopedic problems of the upper extremities (fracture, dislocation, sprain, surgery)?				
18. Orthopedic problems of the lower extremities (fracture, dislocation, sprain, surgery)?				
19. Vascular trouble (Raynaud's disease, blood clot or deep venous thrombosis, high blood pressure)?				
20. Skin trouble (to include psoriasis, eczema, atopic dermatitis, severe acne)?				
21. Prescribed systemic retinoid medications (i.e.: Accutane)? (List date completed or projected completion date in block 41.)				
22. Blood disorders (anemia, thrombocytopenia, bleeding disorders, disorder of the spleen)?				
23. Allergic reaction to food, medications, insects?				
24. A positive PPD or been treated for tuberculosis?				
25. Car, train, sea, or air sickness that required prescription medication or avoidance of travel?				
26. Endocrine disorders (including diabetes, thyroid, osteoporosis)?				



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Medical History (Continued)	Yes	No
27. Head injury, memory loss, amnesia?		
28. Neurologic trouble (including dizziness, fainting spell, seizure, paralysis)?		
29. Frequent or severe headaches in the past 2 years?		
30. Sleeping trouble (narcolepsy, sleepwalking, chronic insomnia, sleep apnea)?		
31. Evaluation or treatment for depressive disorder?		
32. Evaluation or treatment for anxiety disorder or panic attacks?		
33. Evaluation or treatment for eating disorders (anorexia or bulimia)?		
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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Maine Maritime Academy/ The University of Maine NROTC Preparatory Program Scholarship Application



Addendum Page: Denote the section for which you are providing additional information.



**The University of Maine Naval ROTC Preparatory Program
Physical Fitness Assessment**

INCLUDE COMPLETED SCORE SHEET WITH YOUR APPLICATION

Applicants Name (Last, First, Middle): _____

Applicants height (inches): _____

Applicants weight: _____

The Physical Fitness Assessment may be administered by a coach, teacher, or Senior Naval Science Instructor.

READ TO APPLICANT

“You are about to take the Physical Fitness Assessment. The results of this test will be used in the NPP selection process by demonstrating your level of physical fitness. It is important that you do your best on every event. You have 25 total minutes to complete this test. After you complete each event, your scorer will record your score and/or the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated.”

Start time: _____

Pushups completed in 2:00 minutes: _____

Maximum duration plank: _____

1 Mile run time: _____

End time: _____

Evaluators signature: _____

Evaluators printed name: _____

Evaluators title/position: _____

Date: _____

**DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS
(NROTC) APPLICATION**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

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 DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Naval Service Training Command NROTC
Selection and Placement, N92
320A Dewey Avenue
Bldg 3. Rm 106
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide 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): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; 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 in this application 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. 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.

DISCLOSURE: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

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>.

Complete all sections on this form (required). *Providing false information, or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?
_____ Yes _____ No
2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful, or habit-forming drugs and/or chemicals?
_____ Yes _____ No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

- a. Type of drug(s) used:
 - b. Approximate number of times used:
 - c. Amount taken:
 - d. Method by which taken:
 - e. Inclusive dates of use (be specific):
 - f. Were you convicted or arrested for the drug use admitted?
 - g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.
3. (Initial): _____ I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

NSTC N9 USE ONLY

Approve _____ Disapprove _____

DEBARMENT AND SUSPENSION FROM RECEIPT OF FEDERAL ASSISTANCE STATEMENT FOR NATIONAL NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) APPLICATION

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

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ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; 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 in this application 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. 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.

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

**CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING (SOU) FOR
NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATIONS**

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<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Enter your initials in the box provided.

CERTIFICATIONS

1. I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.
2. I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in an unrestricted military status. This includes the bearing of arms and supporting and defending the Constitution of the United States against all enemies foreign and domestic.
3. I certify that I solely composed the essay(s) submitted with my electronic application.

STATEMENTS OF UNDERSTANDING

1. I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores before my application will be processed.
2. I understand that I must enroll in the Tier Major that is contained in my application that was presented before the board. See the following link for details on academic Tier Majors: https://www.nrotc.navy.mil/scholarships_criteria.aspx
3. I understand that I will receive scholarship benefits for a maximum of four academic years. However, if I receive my Baccalaureate Degree earlier than four academic years, I shall not be eligible for any further scholarship benefits. See the following link for details on scholarship benefits: <https://www.nrotc.navy.mil/scholarships.aspx>
4. I understand if I enter the NROTC program having already earned college credit, I am expected to use any allowable credits towards my degree to accelerate the completion of my Baccalaureate Degree.
5. I understand that upon successful completion of the NROTC program, I may be offered a commission in one of the Navy's Unrestricted Line communities (Surface Warfare, Submarine Warfare, Aviation, Special Warfare, and Explosive Ordinance), requiring a minimum of five years of active military service. If I do not accept my commission, I may be required and have an obligation to pay back the government of the United States of America an amount equal to the benefits I received under the scholarship, or serve a period of Active Enlisted Service at the discretion of the Secretary of the Navy.
6. I understand that I will be required to sign and agree to the terms in the NROTC Scholarship Contract (NSTC 1533/135) upon activating my scholarship when I report to my assigned NROTC unit.
7. I understand that if any of the information I provided herein or in any part of my application is inaccurate, false or misleading, it may result in my non-selection for an NROTC scholarship and make me ineligible for continued participation in the NROTC program.

Warning: Any intentionally false or misleading statement, certification, or response you provide is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature of Applicant

Signature of Witnessing Official

Printed Name of Applicant

Printed Name of Witnessing Official

Date

Date