



University of Memphis Presidential NROTC Preparatory Scholarship Application



Application Checklist

<input type="checkbox"/>	University of Memphis NROTC Preparatory Scholarship Application
<input type="checkbox"/>	SAT/ACT Official Report
<input type="checkbox"/>	High School Transcript with Class Rank
<input type="checkbox"/>	Letters of Recommendation
<input type="checkbox"/>	Drug Statement
<input type="checkbox"/>	Apply for Free Application for Federal Student Aid (FAFSA) https://studentaid.ed.gov/sa/fafsa Add University of Memphis IS to your application: 003509
<input type="checkbox"/>	Apply to University of Memphis
<input type="checkbox"/>	Report of Medical History, signed by your physician (do not include social security number)
<input type="checkbox"/>	Official Applicant Fitness Assessment (AFA) Score Sheet

Instructions

1. Visit our website: <https://www.memphis.edu/nrotc/>
2. Select the “Future Students” tab, then click the “Preparatory Scholarship” tab on the left.
3. Download the Presidential NROTC Preparatory Scholarship Application form, the AFA scoring sheet, the Report of Medical History, and the Drug Statement.
4. Fill out the application by typing directly into the document. Once completed, print out the application and sign it using pen.
5. Scan the signed application and forward it, along with all other required documents listed above, to NROTCprep@memphis.edu.
6. 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 NROTCprep@memphis.edu. This should be sent in by the person who administered the test, not by the applicant.
7. 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 NROTCprep@memphis.edu.

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

LT Moises Gonzalez, mvgonzlz@memphis.edu, 901-678-4349

LT Bill Queen, wqueen@memphis.edu, 901-678-4348



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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
Sex Listed on Birth Certificate: 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
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

Test Date	Evidence Based Reading & Writing	Math	Optional Essay

SAT Subject

Test Date	Subject	Score
Test Date	Subject	Score
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).
Please attach your response to the end of the application.*



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Extracurricular and Volunteer Information

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post-Graduate)

Activity	Grade Level	Specific Accomplishments	Hours/ Week	Weeks/ Year	Will you participate in college?
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Employment Information

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

Employer	Job Description	Dates of Employment	Hours per week

- Are you a (check all that apply) ☐ Veteran ☐ Dependant 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.



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Physical Fitness Information

1. Applicant Height: _____
2. Applicant Weight: _____
3. Are you able to swim? ☐ Yes ☐ No
4. How frequently do you swim? ☐ Less than once a month ☐ 3-5 times a month ☐ More than 5 times a month

AFA Information:

The official score sheet for the AFA will be submitted separately.

1. Crunches: _____
2. Push-ups: _____
3. 1 mile run time: _____
4. Observer name and job title: _____
5. Observer phone number: _____

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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Discipline Information

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade?

Yes ☐ No ☐

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime?

Yes ☐ No ☐

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

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.

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 _____