Certifications And Statements Of Understanding (SOU) For Naval Reserve Officer Training Corps Nurse Applications

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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 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. Please read and initial by each of the following statements below indicating your certification or understanding of each.

CERTIFICATIONS

4.

- 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.
- 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.

I certify that I desire to apply for the Navy Nurse Corps NROTC Scholarship Program. I understand that by applying to this program that:

- I will not be considered for the regular NROTC Scholarship Program.
- I must major in Nursing.
- Any attempt to change my major to something other than nursing will result in loss of scholarship benefits, and 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.
 - This program is for obtaining a Bachelor of Science degree in nursing only.

STATEMENTS OF UNDERSTANDING

- 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.
- I understand that my scholarship benefits are tied to the Tier 2 Nursing Major. See the following links for details on academic Tier Majors/ Academic Tiers: https://www.nrotc.navy.mil/scholarship criteria.aspx.
- 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: <u>https://www.nrotc.navy.mil/scholarships.aspx</u>
- 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.

I understand that upon successful completion of the NROTC program I may be offered a commission in the U.S. Marine Corps, requiring a minimum of four 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.

5.

- 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.
- 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