Instructions for completion of CCFm 139-R Do not write below = these are instructions-only fill out Pages 1& 2 ONLY/Signature required at the bottom of page 2

5-90311998: 1:F Greeneralt Harme, 1881/990 rst name, a d 1b. FULL middle name.

2 SSN: Self expla atory

3. College ID Number assig ed by school if dif erent than SSN

4. Email (school email)

5. Local Address: Cur ent address at which you live 5a. City 5b. State 5c. ZIP CODE

6. Phone Number: Cur ent phone number at address at which you live

7. Per anent Address: Home of Record 7a. City 7b. State 7c. ZIP CODE

8. Phone Number: Current phone number at your Home of Record

9. Date of Birth: Use mm/dd/yy

10. POB [Place of Birth]: City and state or country

11. Religious **Blu**ef rence: *f*

K

BY

. Blood Type: A BIAB/O, Positive/Negative

13. ACT Score: Composite score if you took ACT

14. SAT Score: Composite score if you took SAT

15. SEX - M/F

16. Height

17. Weight

18. Marital Status

19. Dependents - Y / N 19a. Number of dependents: Number of children plus spouse - do not include yourself

- 20. Race/Ethncity (Check One)
- 21. Citizenship: Check One
- 22. Do you have any condition that could interfere with you participating in a normal college physical education course?: Yes or No 22a (Yes needs explanation)
- 23. Have you ever received Medical Disability payments from any source?: Yes or No (23a. Yes needs explaration)
- 24. Next to Kin (Family member full Name) 24a. Address (Full address to include city, state and Zip Code)
 24b. Phone i I JpJ Ir Yb oc

38. Other Scholarship: 39. JROTC Experience:

Section 3: Cur ent or Prior Militar Service (To Include Of cer Producing Program)

Not Applicable: Go to Section 4

40. A re you currently in the A ed Forces? 40a. If yes, which branch:

40b. SMP Unit: list name and address of unit you are assig ed to. 40c. Is your spouse currently a member of the Armed Forces? Yes or No

41. Have you ever been enrolled in an off cer producing program? 41a. Were you ever disenrolled from the ROTC Program? 41b. Were you ever enrolled in a Service A cademy? 41c. Were you ever discharged from the Arred Forces? Yes or No. 41d. If yes, what type of discharge? 41e. If Yes, what was the RE Code? 41f. Months of "Active" Service:

41g. Were you discharged for medical reasons? Yes or No. 41h. If yes, explain.

41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program

At the toping tside of pages two of six, print your last name and last 4social security number (Pen)

Section 4: Student Statements

At the top right side of page two of six print your last name and social security number.

Read each block of information. Check the box t at applies to you and put your initials beside each box you checked. Add any required information.

Your sig ature is required in two places at the bottom of the section, as well as the date. A printed and filled out copy of the firm is required with those sig atures and the date fir turn in to the Army ROTC of ce.

Sections 5 6 and 7: if received. Do Not Fi Out!!