

Miami University NROTC Presidential Preparatory Scholarship Application



Application Checklist
Miami University NROTC Preparatory Scholarship Application
SAT/ACT Official Report
High School Transcripts (Provide Class Rank/Percentile if Known)
Full-length photograph of applicant wearing NJROTC uniform (NJROTC Only)
SNSI recommendation (NJROTC Only)
Letters of Recommendation (Min. 1 for non-NJROTC applicants) regarding Leadership Potential
Complete Scholarship Applicant Fitness Assessment (included with application).
Apply for Free Application for Federal Student Aid (FAFSA) https://studentaid.ed.gov/sa/fafsa , Add Miami University FAFSA ID to your application: 003765
Apply to Miami University, http://miamioh.edu/admission/high-school/application/index.html

Instructions (Applicants/Senior Naval Science Instructors)

- 1. Open the forms in Adobe Reader. Adobe Reader is available free from this website: https://get.adobe.com/reader/
- 2. Start typing your information into the document. Note: write your essays in Microsoft Word first so that you can spell check them. Then, cut and paste them into the application. Max allowed essay length is approximately one page, single-spaced in Microsoft Word. Ensure your entire essay is visible in the form when printed.
- 3. Save frequently as you work. Be sure to save the final version to your personal storage device.
- 4. When complete, print and sign where applicable.
- 5. Scan the application and forward it along with all other required documents (see checklist above) to nrotc@miamioh.edu
- 6. Senior Naval Science Instructors: scan and send signed document to nrotc@miamioh.edu

Deadlines

07 FEB 20 – Applications are due.

24 FEB 20 – Applicants will be notified if they are selected for interview.

02 MAR 20 – 13 MAR 20 – Interviews will be conducted.

03 APR 20 – Scholarship awardees will be notified on or after this date.

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

LT Ryan Benroth, benrotrw@miamioh.edu, 513-529-3700 (Ext. 3707)



Miami University NROTC Presidential Preparatory Scholarship Application **Miami University NROTC Presidential**



				Personal I	nformation						
Name (Last, First, Middle)	_		_	_	_	Phone				-	
Current Mailing Address				Name of Pare	ent/Guardian	1					
Place of Birth		T _{Dato}	Cosueh	Address of Pa	arent/Guardian						
Place of Birth		Date	of Birth								
Are you a US Citizen?	YES	NO	If Naturalized, §	give date, place,	, court of jurisdict	ion, and certi	ficate number	·			
Gender											
Male Female	e										
What is your race? Mark one to indicate how you identify your race.	or more of the categoric	es below	Fthnic Backgr	round (Optiona	<u>اا</u> د						
to indicate how you identify your race. American Indian/Ala	askan Native		Aleut	Ouria (Cr	Korean		Other A	sian Descent		S/Canadian Ind	dian
Asian	Jid		Chinese		Latin American w/	/ Hispanic		ispanic Descent		ibes etnamese	ļ
African American/Bla	lack		Cuban		Descent Melanesian		Other Pa	acific Island		ther	ļ
Native Hawaiian/Oth		der	Eskimo		Mexican		Descent Polynesi			one	ĺ
Caucasian	Hispanic				Micronesian				140	/ne	ļ
Email Address			Filipino		Intended Majo	or or Area o	Puerto F	lican			
Ellium Aug. 202					,	Ji 01	1 3.00,				ļ
			Parent/Leg	T	Previous Milita	ary History					
Parent/Legal Guardian	Branch		Rank/Rate	Status (Act	tive/Retired)	<u> </u>	Con	nmissioning :	Source		
		\perp				<u> </u>					
					_ 						
READ CAREFULLY: Identify only tho responsibility and leadership. Exar				ol grades 9-12. NR	ular Activities ROTC is particularly in	nterested in ide	entifying activitie	es in which an ap	plicant has	participated i	involving
Organization				Positions Held		Hours/	/Week	Grad	Grades of Participation		
								9	10	11	12
								9	10	11	12
								9	10	11	12
								9	10	11	12
READ CAREFULLY: Identify only the awards. Mark 'JV/Club' if you parti				grades 9-12. Mark	Activities < the year(s) in which	n you were on tl	he varsity team.	If you 'lettered	' in the spo	rt list that in th	he
Sport	Posi	itions H	-teld	Aw	vards/Recognition	on	JV/Club	Grad	es of Par	rticipation	
								9	10	11	12
							1	9	10	11	12
				<u> </u>			<u> </u>	9	10	11	12
								9	10	11	12
					Activities		<u></u>				
Attach additional sheets, if needed week to the activity.	I, to identify other ac	tivities n	not listed above tha	at involve consider	able responsibility a	and leadership.	List positions he	eld and the aver	age numbe	r of hours deve	oted per



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					mployment				
st in reverse chronolog nployment, so state. Ir				eriod of full-time, pa	art-time, or self-employment. List in	clusive dates for each period. If discharged for cause from any			
Dates rom To		Employer Name, Address & Phone Number		ess & Phone Number Hours/ Week Type of Work Performed					
10									
				engaged during sch		hours performed per year in the box corresponding to the correct			
chool year and voluntee Grade	er activity. If othe	er is selected, p	lease include a br		ur volunteer work in the remarks. A Volunteer Work Remarks	Attach additional sheets if more space is needed.			
Hospital / Candy		1			Tolumeer Work Remarks				
itriper With Handicapped	<u> </u>								
Elderly									
utor / Coach									
Children		 							
Other									
otal Volunteer									
lours Per Year	<u> </u>				Miami University? (400 wo				



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Preparatory Scholarship App	olication	NROTE	
Essay 2: Have you experienced any adversity in your life (parents divorced, single parent family, mul describe the circumstances and how you met the challenges. (400 words or less)	tiple high schools, frequent mov	es etc.). I	f so,
, , , , , , , , , , , , , , , , , , ,			
Answer the following questions. If you answer 'Yes' provide explanations on		Yes	No
 Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the States? (If 'Yes', list the date, place of application, program applied for and current status of application.) 	e Armed Forces of the United		
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.)	, and the second		
Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or r offenses and moving traffic violations? (If 'Yes', give complete description of incident, name and place of court, nat	, ,		
4. Are you currently awaiting trail or sentence, on probation, under suspended sentence, or under any other type of			
result of violation of law or regulation?			
Have you ever been known by any other name or names other than that used in this application? (If 'Yes', explain application, even if differences were only differences in spelling.)	n in affidavit form and submit with		
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arr	ns and supporting and defending		
the constitution of the United States against all enemies, foreign and domestic?			
Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or denti the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)	st? (If 'Yes', attach a statement with		
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 l	known harmful or habit-forming		
drugs and/or chemicals? (If 'Yes', attach a statement with the full circumstances, number of times used, amounts to			
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 applic	ation at any time.		
Applicant Signature	Date		
Parent/Legal Guardian Signature	Date		



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			Medical History			
Height	Weight	Date of Last Sport	s Physical / Private Sector Physical			
	Answer the foll	L lowing questions.	If you answer 'Yes' provide expl	I anations in block 41	Yes	No
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 defic	ciency?					
4. Ear trouble (to in	clude perforated	ear drum, tubes in	ears, or other ENT surgery)?			
5. Loss of balance o	or vertigo?					
6. Hearing loss or u	se of a hearing aid	1 ?				
7. Nose, throat, or s	sinus trouble (to ir	nclude sinusitis, abs	cess, surgery on nose, sinuses or the	roat)?		
8. Orthodontic trea	tment? (if "yes", i	nclude completion	or projected date of completion in b	olock 41)		
9a. Tooth or gum tr	rouble (excluding o	cavities)?				
9b. Date of last den	ntal exam:					
10. Breathing troub	ole (to include asth	nma, wheezing, sho	rtness of breath, chronic cough, use	of inhaler, collapsed lung)?		
11. Cardiac trouble	(to include chest	pain, palpitations, h	neart valve problems, surgery, high o	or low blood pressure)?		
12. Gastrointestina hepatitis)?	l trouble (to includ	de celiac disease, irı	ritable bowel syndrome, ulcer, reflux	k, esophagitis, gallstones, hernia, or		
13. Inflammatory b	owel disease (to i	nclude Ulcerative co	olitis or Crohn's disease)?			
14a. Gynecologic tr	ouble (including e	endometriosis, poly	cystic ovarian disease, abnormal par	smear)? (females only)		
14b. Date of last me	enstrual period (fe	emales only):				
14c. Date of Last PA	AP smear (females	s only):				
15.Testicular or prostate trouble? (males only)						
16. Orthopedic pro	blems 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 o	or been treated fo	r tuberculosis?				
25. Car, train, sea, o	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		
treatment); and describe your current medical status (ongoing/resolved). Attach additional sheet(s) if necessary and sign and date each Obtain and attach copies of applicable medical evaluation and treatment records if requested.	i additional	i page.
I certify that all medical information provided by me is complete and correct to the best of my knowledge.		
Applicant Signature Date		



MIAMI UNIVERSITY NROTC APPLICANT FITNESS ASSESSMENT



The scholarship Applicant Fitness Assessment (AFA) is a component of the application and must be submitted in order for the application to be complete. The test consists of abdominal crunches, push-ups, and a one-mile run. The purpose of the test is to evaluate your level of physical fitness. The test can be administered by any physical education instructor, athletics coach, an active duty officer, active duty E-7 or above, or NJROTC instructor. Applicants accustomed to regular physical activity should have no difficulty with the AFA. Being properly conditioned prior to reporting to your NROTC Unit cannot be overemphasized. You will be far better prepared to meet the stringent physical demands of the NROTC Program if you maintain a high level of physical fitness during high school.

The three test events of the AFA are administered consecutively in a 25-minute time period. Applicants should attempt to do their best on all events, keeping in mind that the events are sequenced to produce a cumulative loading effect. Applicants' scores will be included in their application to the scholarship selection board. The maximum score, by event and gender, are listed in the table below. An applicant who achieves the maximum level on either of the first two events should not attempt further repetitions, as this will not improve his/her score.

	Crunches	Push-Ups	1-Mile
Male	95	75	5:20
Female	95	50	6:00

Test Site

The AFA can be administered in two adjacent venues; an indoor gymnasium and an outdoor track.

The 1-mile run is the last event administered in the AFA. Although it may be administered in an indoor gymnasium or stadium, time has been allotted for transit to an outdoor track. Regardless of the 1-mile run course, the running surface should be flat and free of debris. In either the indoor or outdoor facility, it is imperative that the 1-mile distance be measured accurately. In submitting the time for the run, the applicant and scorer are affirming that the 1-mile distance has been measured and is accurate.

Test Procedures

The AFA may be conducted at any time during the application period but must be accomplished in order for the application to be complete. Results of each event will be recorded onthe AFA score sheet (see below); the score sheet must be included with your submitted package.

On test day, the applicant should be encouraged to spend 20-30 minutes in active warm-up and stretching prior to beginning the test. The test battery must be completed according to the timeline below, and applicants are not permitted to warm up, rest, or practice other than during the time officially allotted. The administering official will read and be familiar with these test instructions prior to administration. The following statement must be read verbatim to the applicant prior to beginning the test:

"You are about to take the NROTC Presidential Preparatory Scholarship Applicant Fitness Assessment. The results of thistest will be used in the scholarship application process by demonstrating your level of physical fitness. You may cease work when you have scored the maximum for any individual event. Otherwise, do your beston each event. You have 25 minutes to complete the entire test. After you complete each event, the scorerwill record your score and the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated."

Testing Sequence

The test sequence will follow the order listed below. This order cannot be modified. There are no exceptions to this sequence or timing.

Events	Test Start Time	Event Testing Time	Rest	Total Elapsed Time
Crunches	0:00	2 minutes	3 minutes	5:00
Push-Ups	5:00	2 minutes	3 minutes	10:00
1-Mile Run	15:00	10 minutes	5 minutes*	25:00

^{*} The 5-minute rest includes the transition time to the outdoor track. If the 1-mile run cannot be started by minute 15, an alternative arrangement for a running surface must be found.

Abdominal Crunches

This measures abdominal/core body muscular endurance.

The applicant must:

Assume a supine (back on floor), bent-knee position (approximately 90-degree bend) on a mat with arms crossed, fingers extended, touching the top of the shoulders, with shoulder blades touching the floor/mat.

Upon the command "GO", flex from the hip, raising the elbows so that they touch the front midpoint (or higher) of the thigh without finger tips losing contact with the top of the shoulders; extend from the hip until the shoulder blades touch the floor/mat.

Applicants cannot rest in the down position. Resting is only permitted in the up position. Fingers must stay in contact with the top of the shoulders while resting, and applicants cannot grab their legs or touch the ground with their hands.

The scorer will:

Note the event start time (should be 0:00 elapsed).

Monitor the start position to determine that the applicant's shoulder blades are touching the mat, fingers are touching the shoulders, knees are bent approximately 90 degrees, and an assistant is properly holding the applicant's feet (hands only on top of each ankle or foot).

Give the command "GO" and start a stopwatch for the 2-minute event.

Count one repetition each time the applicant's shoulder blades touch the floor/mat.

Monitor body position making sure during each repetition that the buttocks stay in contact with the mat, knees are bent appropriately, hands remain in contact with the shoulders, elbows make contact with the mid-thigh, and shoulder blades touch the floor/mat.

Verbalize "NO" for any repetition that does not meet the criteria listed above.

Stop the test at the 2-minute mark and record the number of repetitions.

Push-ups

This measures upper body muscular endurance.

The applicant must:

Assume a prone (abdomen toward the ground) position supported on one knee on a 1-inch mat or a hard surface floor.

On the command "READY POSITION", assume the front-leaning rest position (arms extended) by placing your hands where they are comfortable (Width is variable). Feet may be together or up to 12 inches apart. When viewed from the side, your body should form a straight line from your shoulders to your ankles.

On the command "GO", begin the push-up event by bending elbows and lowering entire body as a single unit until your upper arms are at least parallel to the ground (90-degree bend). Return to the starting position by extending arms and raising entire body as a single unit until arms are fully extended.

May rest in the up position, flexing or bowing the back as long as hands and feet remain in contact with the floor, and no other body part touches the floor.

Must return to the generally straight body position before attempting another repetition.

The scorer will:

Note the event start time (should be 5:00 elapsed).

Give the command "GO" and start a stopwatch for a 2-minute event.

Monitor each repetition, making sure body remains straight, moving as a single unit, upper arm is parallel to the floor in the down position, and the arms come to full extension in the up position.

Verbalize "NO" for any repetition that does not meet the criteria listed above. Stop the test at the 2-minute mark and record the number of repetitions.

Terminate the event if the candidate lifts a hand or foot off the ground or touches the ground with any body part other than the hands or feet.

Mile Run

This measures aerobic capacity and endurance.

The applicant must:

Run continuously for one mile (walking is allowed although strongly discouraged).

The scorer will:

Certify the 1-mile run distance.

Note the start time (should be 15:00 elapsed)

Give the command "GO" and start a stopwatch.

Monitor the candidate to make sure that he/she does not:

Receive physical help during the event.

Leave the designated running course for any reason.

Receive pacing by another person.

Stop the watch as the candidate crosses the finish line, and record the score in minutes and seconds.



MIAMI UNIVERSITY NROTC APPLICANT FITNESS ASSESSMENT



INCLUDE COMPLETED SCORE SHEET WITH YOUR APPLICATION

Applicant's Name (Last, First, MN):		
Applicants height (inches):	Applicant's weight:	·
READ TO APPLICANT:		
"You are about to take the NROTC Presidential Prepar The results of this testwill be used in the scholarship ap physical fitness. Youmay cease work when you have s Otherwise, do your beston each event. You have 25 mi complete each event, thescorer will record your score a you cannot continue tomeet the timed requirements, the	plication process by demonstraticored the maximum for any indirection to complete the entire test. Indirection the time the event was tested.	ng your level of vidual event. After you
Start Time:		
Number of Crunches completed in 2 minutes:		
Number of Push-ups completed in 2 minutes:		
1 Mile Run Time:	minutes	seconds
End Time:		
Evaluator's Signature:		_
Evaluator's Printed Name:		
Evaluator's Title/Position:		
Date:		