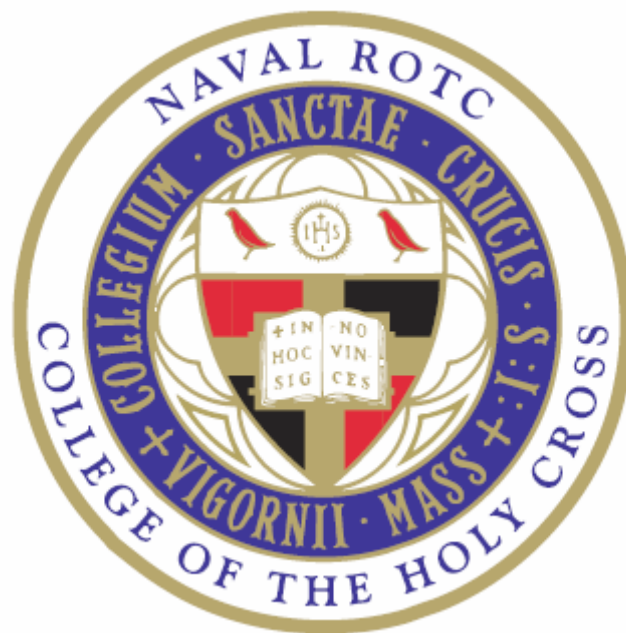


# HOLY CROSS NROTC



## ADMINISTRATIVE INFORMATION FOR SCHOLARSHIP STUDENTS

# **SCHOLARSHIP ADMINISTRATIVE CHECKLIST**

Make sure to fill out each form to the best of your ability, and then return the forms via regular mail. Copies of the completed documents should be made for your own records. ***Please return the completed forms and required personal information no later than 31 July***. If you are **not** planning on participating in NROTC, please contact us immediately at (508) 793-2433 and do not fill out the rest of the paperwork.

**Please refer to the instructions included in this packet.**

## **Forms to be filled out:**

- Acceptance and Oath of Office
- DD-4, Enlistment-Reenlistment Document
- Dependency Application / Record of Emergency Data
- Authorization For Release of Student Health Information
- Authorization For Release of Student Information (Transcripts)
- Authorization For Release of Student Information (Parents)
- Direct Deposit Sign-Up Form
- Drug and Alcohol Abuse Statement of Understanding
- MCRC Officer Tattoo Screening Form – **Marine Option ONLY**
- Midshipman Background Information Sheet
- Navy Tattoo Screening Form
- NROTC Scholarship Service Agreement
- Privacy Act Statements (**2 copies**) – **both need original signature**
- Report of Dental Examination
- SGLI, Servicemembers' Group Life Insurance Election and Certificate
- The Concept of Honor
- Bio Form
- Uniform Size Sheet

## **Required Personal Information:**

- Blood Type Identification (Lab Test Results or Red Cross/Blood Donor card)
- Original or Certified** copy of Birth Certificate (certified with raised seal). **If you prefer not to send the original or certified copy (with raised seal) in the mail, please send us a photo copy and bring the original or certified copy with you on the first day of orientation.**
- Copy of Social Security card with signature (may also be scanned and emailed)
- Copy of vaccination records (may also be faxed directly from your physician to the NROTC Unit)
- Copy of current health insurance card (both front and back)
- Copy of prescription insurance card (if you have one)

### **Contact the Holy Cross NROTC Unit**

Phone: (508) 793-2433

Fax: (508) 793-2373

Email: [nrotc@holycross.edu](mailto:nrotc@holycross.edu)

Website: <http://www.holycross.edu/nrotc/>

## **Instructions for Administrative Forms**

These forms are required for entry into the NROTC Program at the College of the Holy Cross. The dates on these forms should reflect the first day of class at your respective school.

For completed examples of the following forms see our website ([http://academics.holycross.edu/nrotc/incoming\\_students/admin\\_info](http://academics.holycross.edu/nrotc/incoming_students/admin_info)).

**Please return the completed forms and required personal information no later than 31 July.**

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### **Acceptance and Oath of Office**

- Print your full name with first, middle, and last, after the letter “I”.
  - The date should reflect the first day of class at your respective school (*No other date should be inserted.*)
  - Sign above “Signature of appointee in full”. You should sign using your first, middle and last name.
  - Complete this for both “Acceptance” and “Oath of Office” sections.
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### **DD-4 Enlistment-Reenlistment Document**

We are providing you this form to allow you and your parents to review it. Please fill out the below information in order for our HR department to type up the formal DD-4 that you will sign upon arrival to the unit.

- Section A, Block 1 and 2: self-explanatory.
- Section A, Block 3: Home of Record, fill in your permanent physical address (not a PO BOX or school address).
- Section A, Block 6: Date of Birth (YYYYMMDD).
- Section A, Block 7: If you have previous active or inactive military service, fill out block 7. If not, disregard.
- Section B, Blocks 8a and 8b: disregard.
- Section B, C, and E:
- Above Section D: Insert your name and social security number at the top of the form.
- Section D, Block 13b: Sign with full name.
- Section D, Block 13c: Leave Blank
- Section E, Block 15: Fill in your full name.
- Section E, Blocks 16 & 17: leave blank.
- Section E, Blocks 18a and 18b: Leave Blank. You will sign this form upon arrival.

**The DD-4 form will not immediately obligate you to any service. You have until the end of your Freshman year to decide whether or not you wish to continue with the program.**

### **Dependency Application - Record of Emergency Data**

- Blocks 5 through 32: Only apply if you have a spouse and/or dependents (otherwise disregard)
  - Blocks 33 through 38: self-explanatory. If addresses for parents are the same, fill in father's address and write "same" for your mother.
  - Block 39: If "NO," Disregard to Block 53. If "YES," fill out appropriate blocks.
  - Blocks 53, 57, and 60, choose a beneficiary for your pay and allotments should something happen to you.
  - Be sure to fill out blocks 54 to 63. NOTE: Should only be immediate family, such as parents or siblings.
  - Block 64: If you have personal life insurance, put this data here. \*Does not include SGLI.
  - Block 67: Fill in your preferred religion. If none, write "No Preference".
  - Blocks 73 and 74: Print last, first, and middle name and last 4 of your SSN.
  - Block 77: Fill in location of a will or other valuable papers; or "Disregard".
  - Block 78: PNOK is your primary next of kin, and SNOK is your secondary next of kin. Fill-in a PNOK and a SNOK. Block 34 and 37 under addresses refers to "Father" and "Mother," if this is not correct, write in the new address. Add telephone numbers with area code.
  - Block 79: Sign in the block and print name in the space under signature block. (First, Middle, Last Name, USNR)
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### **Authorization for Release of Student Information**

#### **Authorization for Release of Health Information**

- This document authorizes release of your sports physical, held by your school's health service, to the unit.
- Print your first, middle, and last name after "I".
- Sign with full name: first, middle, and last.
- Date: **Please Date for 01 September of the year that you are matriculating**
- Under signature, write in the last four digits of your social security number or your college ID number and your expected year of graduation.

#### **Authorization for Release of Information (Transcripts)**

- This document authorizes release of student information from your respective university to the College of the Holy Cross NROTC unit.
- Print your first, middle and last name after "I".
- Sign with full name: first, middle and last.
- Date: **01 September of the year that you are matriculating**

- Under signature, write in the last four digits of your social security number and your expected year of graduation.

### **Authorization for Release of Information (Parents)**

- This document authorizes release of academic or disciplinary information to your parents or guardians for the purposes of resolving difficulties or a decline in performance from students. Signing this form is completely optional, but without it the NROTC staff will not be able to communicate with you parents or guardians regarding your performance.
- Fill out your name on the “From:” Line
- Sign at the bottom of the form and **Date the document 01 September of the year that you are matriculating**
- List your anticipated graduation year

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### **Direct Deposit Sign-Up Form**

- Section 1, Block A and B: Fill in appropriate information. Use your permanent address and your name for “Payee” and “Name of Person Entitled to Payment”
- Section 1, Block C: Fill in with your social security number.
- Section 1, Block D: Specify whether the account to which the funds will go **is checking or savings.**
- Section 1, Block E: Should be filled in with personal account information, found on your bank statement or check book.
- Section 1, Block F: Check “Other” and write “Military Reserve” in the space next to it.
- Under the section titled “PAYEE/JOINT PAYEE CERTIFICATION” sign your full name in the appropriate box and insert the first day of class at your respective school for the date.
- Section 2: disregard.
- Section 3: Will be completed by your financial institution. **Ensure that the routing number for the financial institution is clearly identified**

Note: Failure to submit this form may delay receipt of full scholarship benefits. Please ensure its accuracy

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### **Drug and Alcohol Abuse Statement of Understanding**

- Print your first, middle, and last name.
- Read each section carefully and understand the importance of each statement.
- Sign and date the document: **01 September of the year you are matriculating**
- The Certifying Official and Witness will be completed by NROTC Staff Members

**We will review this document with you to confirm your understanding and certify that your signature is true.**

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### **MCRC Officer Tattoo Screening Form**

- **MARINE OPTION STUDENTS ONLY** – Purpose of this form is to certify that you have disclosed the full extent of any tattoos, brands or body ornamentation to include those removed or altered.
  - Print your first, middle, and last name. Date: **01 September of the year you are matriculating**
  - Part I, Question 1: Read and answer the question using your First, Middle, and Last Initials. If the answer to Question 1 is “No”, proceed to Part II; sign and date for the first day of class. Disregard Part III, IV, and V.
  - If the answer to Question 1 is “yes”, continue answering Questions 2 through 9. Sign and date Part II for the first day of class.
  - NOTE: if the answer to Question 1 is “yes” you must be interviewed by a commissioned officer upon arriving at Unit.
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### **Midshipman Background Information Sheet**

- Fill in “Campus Data” section and indicate anticipated academic major if known.
  - The last two lines should be disregarded; these are for office use only.
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### **Navy Tattoo Screening Form**

- *Self-explanatory. Date it for 01 September of the year you are matriculating school*
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### **NROTC Scholarship Service Agreement**

We are providing this form to you so you can understand the requirements of your scholarship. We also are asking you to fill out portions of the form and return it to us so our HR department can type the official agreement for your signature upon your arrival

- Read each section carefully to fully understand the scope of your scholarship.
- Fill in your Last, First, and Middle name in section immediately following the Privacy Act Statement on Page 1 of 5, followed by your Social Security Number.

- Fill in which school (College of the Holy Cross, Worcester Polytechnic Institute, Worcester State University, or Brown University) you will be attending.
  - Check in which Tier your academic major is aligned and which NROTC program (Navy Option Only).
  - Fill in your name and address under Section (8) of Page 5 (right side of page).
  - Sign and date the top line under Student Signature, followed by your date of birth, and lastly print your full name (First, MI, Last) on line 3. If you are under 18 years of age on the first day of class of your respective school, your Parents (or Guardians) will need to sign the following section upon arrival on campus (please let us know if your Parents (or Guardians) will not be accompanying you to campus) .
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### **Privacy Act Statement**

- Read each section carefully to understand the reasoning for documenting health care.
  - Sign the form with your first, middle, and last name.
  - Fill in your social security number (last four) and date: **(first day of class)**.
  - **Both copies need to be signed and dated (one for health record and one for dental record).**
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### **Report of Dental Examination**

- Blocks 1 & 2: Self explanatory.
  - Blocks 3 - 16: Must be completed by dentist.
  - If a dental exam has taken place within the last year then a new exam is not necessary.
  - This form may be faxed or emailed to the Unit directly from your dental provider's office.
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### **SGLI (Servicemember's Group Life Insurance)**

- SGLI is only in effect when participating in Summer Cruise activities, when you are considered in an "active duty" status. Your prorated premium amount is automatically deducted from your Summer Cruise pay. If you do not want this coverage, then check the box for Decline (cancel) SGLI coverage.
- In Section 1, print your Name (First, Middle, Last), print MIDN in the Rank box, followed by your Social Security Number.
- Print NROTC Holy Cross in the Duty Location box and USNR or USMCR in Branch of Service block.
- Check the block for Name or update my SGLI beneficiary.
- If you elect to participate in the SGLI, but want an amount less than \$400,000, fill in that amount and check the appropriate box.

- Write your principal beneficiary or beneficiaries. Write in their social security number (if available) and their relationship to you. Fill in the share that each of these people will be given. If you only have one beneficiary, the amount will be 100%. You can choose to divide this up into any fractions you wish. There are 2 payment options of equal monthly payments or a lump sum. Both options are the same amount of money, just paid in different manners.
  - Choose a contingent beneficiary or beneficiaries in the case that your primary beneficiary or beneficiaries are unable to receive the insurance money.
  - NOTE: The percentages under “Principal” should add up to 100% and the percentages under “Contingent” should add up to 100%.
  - Fill in your Date of Birth, weight, height, and gender followed by checking the appropriate blocks for the medical questions in Section 4.
  - Sign your full name where indicated in Section 5, followed by your Social Security Number and date it the **01 September of the year you are matriculating**
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### **The Concept of Honor**

- Be sure to read and *understand* the significance of this document. Sign your full name: first, middle, and last above “*Signature of midshipman*”.
  - Date the form for 01 September of the year you are matriculating
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### **Bio Sheet**

- This document will be used to brief the Commanding Officer and staff on your background. Use the word document to type up your bio and e-mail it to [nrotc@holycross.edu](mailto:nrotc@holycross.edu) .
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### **Uniform Size Sheet**

**Measuring for military uniforms can be very challenging when you are not sure how to measure. The following is provided to assist you in obtaining accurate measurements for your uniforms. We suggest that you utilize a local tailor or seamstress to ensure accurate measurements.**

- Follow the directions provided below when taking measurements:
  1. Head. The measurement is taken by placing the tape around the back of the head meeting at the forehead about one inch below the hairline and one inch above the ears.
  2. Neck. Then measuring for the neck size, place the tape measure around the neck at the collar line with one finger between the tape and the neck.



3. Chest or Bust. To obtain this size, place the tape over the bulk of the shoulder blades, under the arms and over the fullest part of the chest or bust.
4. Sleeve. Raise the right arm even with the shoulder with the elbow bent at an angle with the forearm parallel to the floor and palm facing down. Measure from the center of the back and around the bend in the elbow down one inch past the wrist bone.
5. Waist. The tape should be placed directly over the hipbone to get the best results. If you cannot locate the hipbone, place the tape around the fullest part as close to the top of the waistband as possible.
6. Hip. The measuring tape should be placed around the largest part of the hip area and across the lower pelvis or fly. (Note: Trousers typically run smaller than normal civilian pants)
7. Inseam. This is not a required measurement, but is used for special ordering of garments. It is measured from the crotch to the heel of the shoe.
8. Outseam. This measurement is taken for determining lengths on trousers and slacks. Place the tape at the top of the hipbone or lower edge of the waistband at the side seam and measure down to the heel of the shoe or the floor if shoes are not worn.
9. Rise. Measure from the center of the crotch (between the legs) up to the waist.