

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

Privacy Act Statement

Authority: The authority to request this information is contained in 5 USC § 301 (Authorizing Forms and Regulations) and 10 USC§ 2107 (Financial Assistance Program).

Principal Purpose(s): 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 you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR sect 701.112, <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

Complete all required sections on this form. *Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?

Yes No

2. Have you ever used LSD, marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants or other known harmful or habit forming drugs and/or chemicals?

Yes No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken and period over which taken, and complete #3.

a. Type of drug(s) used:

b. Approximate number of times used:

c. Amounts taken:

d. Method by which taken:

e. Inclusive dates of use (be specific):

f. Were you convicted or arrested for the drug use admitted?

g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. _____ (INT): I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

SIGNATURE OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESS

PRINTED NAME OF APPLICANT

DATE

DATE

For NSTC use only: Applicant Serial # _____