Cadet Information

Enter each item once. The packet formats it and carries it to every form that needs it.

IDENTITY & ACADEMIC INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX

SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | SEX | ACADEMIC MAJOR

DATE COMPLETED / SIGNED (MM/DD/YYYY) | PROGRAM START DATE (MM/DD/YYYY) | EXPECTED GRADUATION DATE (MM/DD/YYYY)

08/24/2026 | 05/11/2030

Date Completed/Signed fills the cadet-signed administrative forms. ROTC staff enter the Contract Date separately on page 3.

HOME OF RECORD & CONTACT

STREET ADDRESS (INCLUDE APT. NUMBER)

CITY | COUNTY | STATE (2 LETTERS) | ZIP CODE

CELL PHONE | MARITAL STATUS | PREFERRED LANGUAGE

English

SPOUSE NAME - LAST, FIRST MI (IF MARRIED) | SPOUSE DATE OF BIRTH | SPOUSE PHONE

SPOUSE FULL ADDRESS (IF MARRIED)

EMERGENCY CONTACT & PARENTS

DD Form 93, items 6-7

EMERGENCY CONTACT NAME | PHONE

PARENT 1 - LAST, FIRST MI | PHONE

PARENT 1 FULL ADDRESS

PARENT 2 - LAST, FIRST MI | PHONE

PARENT 2 FULL ADDRESS

If a parent has died, leave the phone blank and type "Deceased" as the address. If you have no contact, leave the phone blank and type "Unknown". Full address format: 123 Main ST, Apt. 45, Hometown, PA 18848 (no comma after the state).

Beneficiaries & Life Insurance

These elections fill DD Form 93 and SGLV 8286. Shares in each group must total 100%.

DEATH GRATUITY BENEFICIARIES - DD FORM 93

BENEFICIARY 1 - LAST, FIRST MI | RELATIONSHIP | SHARE | PHONE

BENEFICIARY 1 FULL ADDRESS

BENEFICIARY 2 - LAST, FIRST MI | RELATIONSHIP | SHARE | PHONE

BENEFICIARY 2 FULL ADDRESS

OTHER DD FORM 93 DESIGNATIONS

Items 14-16

UNPAID PAY/ALLOWANCES BENEFICIARY - NAME / RELATIONSHIP | PHONE | SHARE

UNPAID PAY BENEFICIARY FULL ADDRESS

PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) - NAME / RELATIONSHIP | PHONE

PADD FULL ADDRESS

NON-MEDICAL ATTENDANT (ADULT WHO WOULD ACCOMPANY YOU HOME) | GEOGRAPHIC LOCATION (CITY, STATE - OFTEN HOMETOWN)

SERVICEMEMBERS' GROUP LIFE INSURANCE - SGLV 8286

COVERAGE | BENEFICIARY 1 (FIRST MIDDLE LAST) | RELATIONSHIP | SHARE % | PAYMENT OPTION

$500,000

BENEFICIARY 1 FULL ADDRESS

BENEFICIARY 2 (FIRST MIDDLE LAST) - OPTIONAL | RELATIONSHIP | SHARE % | PAYMENT OPTION

BENEFICIARY 2 FULL ADDRESS

Coverage applies only on active duty of 28+ days; premiums come from active-duty pay, not the stipend. Both people are listed as primary beneficiaries on SGLV 8286, so their shares must total 100%. Relationship: father, mother, spouse, child, sibling.

Tax, Direct Deposit & Staff Data

Leave optional W-4 amounts blank unless they apply to you. Signatures are never filled automatically.

FEDERAL TAX WITHHOLDING - 2026 FORM W-4

FILING STATUS (STEP 1C)

STEP 3 - DEPENDENTS / OTHER CREDITS ($)

STEP 4(A) - OTHER INCOME ($)

STEP 4(B) - DEDUCTIONS ($)

STEP 4(C) - EXTRA WITHHOLDING ($)

STEP 2(C)

☐ Two jobs / spouse also works

EXEMPTION

☐ Exempt from withholding

DIRECT DEPOSIT

ACCOUNT TYPE

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

BANK NAME

SGLI HEALTH QUESTIONS

Complete only if restoring or increasing SGLI

WEIGHT (LBS)

HEIGHT

A. HEART

B. HIGH BP

C. NEURO

D. DIABETES

E. CANCER

F. IMMUNE

G. OTHER

IF YES TO ANY QUESTION: QUESTION LETTER, DATE, DURATION, AND DETAILS

ROTC STAFF USE ONLY

Completed by the HRA / cadre

CONTRACT DATE (MM/DD/YYYY)

CONTRACT TYPE

MS LEVEL

NOTES

PMS NAME - LAST, FIRST MI.: BURCH, ANTHONY T.

PMS RANK: LTC

BRANCH: EN

PAY GRADE: O-5

MONTHLY STIPEND ($): 420

UIC: W0C832

SCHOOL / BATTALION NAME: University of Illinois at Urbana-Champaign

SCHOOL STREET: 505 East Armory Avenue, Room 113

SCHOOL PHONE: 217-244-1407

SCHOOL CITY: Champaign

STATE: IL

ZIP CODE: 61820

CADET ID NUMBER

SCHOLARSHIP LENGTH (YEARS) - 597-3 ONLY

BOOKS & LAB FLAT RATE ($) - 597-3 ONLY: 600

PRINT ONLY THE CONTRACT FORM IN USE

PRINT PACKET

Review every generated form before signature. Signatures, initials and certifications are always left blank for the signer.

INITIAL / PERIODIC ENROLLMENT VERIFICATION QUESTIONS*

NAME: _____ DATE: _____ MS CLASS: _____

	Y/N/NA	If yes for 1-15, waiver complete?
1. HAVE YOU EVER USED ILLEGAL SUBSTANCE(S) OR DRUG(S)?	_____	_____
2. HAVE YOU EVER BEEN CITED FOR UNDERAGE DRINKING?	_____	_____
3. ARE YOU NOW, OR HAVE YOU EVER BEEN, IN PRE-TRIAL DIVERSION (LIKE A FIRST-TIME / YOUTH OFFENDER PROGRAM)?	_____	_____
4. ARE YOU NOW, OR HAVE YOU EVER BEEN, IN A COURT-DIRECTED COMMUNITY SERVICE PROGRAM OR OTHER PROGRAM THAT HAS OR WILL EXPUNGE ANY LEGAL INFRACTIONS FROM YOUR RECORD?	_____	_____
5. HAVE YOU EVER RECEIVED ANY TRAFFIC-RELATED TICKETS? (SPEEDING; PARKING; SEATBELT; OTHER TRAFFIC VIOLATIONS)	_____	
a. IF YES, HAVE THE FINES BEEN OVER $300?	_____	_____
b. IF YES, HAVE ANY TRAFFIC FINES BEEN ALCOHOL / DRUG RELATED?	_____	_____
6. HAVE YOU EVER BEEN SUMMONED OR INDICTED INTO COURT UNDER CIVILIAN OR MILITARY LAW AS A DEFENDANT IN A CRIMINAL PROCEEDING TO INCLUDE ANY AND ALL PROCEEDINGS INVOLVING JUVENILE OR ADULT CRIMINAL OFFENSES, BUT EXCLUDING TRAFFIC VIOLATIONS WHICH INVOLVED A FINE OR FORFEITURE OF $300 OR LESS?	_____	_____
7. HAVE YOU EVER BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLLED OR PARDONED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS OF $300 OR LESS?	_____	_____
8. DO YOU CURRENTLY HAVE ANY "CHARGES PENDING" IN ANY COURT?	_____	_____
9. HAVE YOU EVER FILED BANKRUPTCY?	_____	_____
10. WILL YOU BE 31 YEARS OLD OR OLDER ON DECEMBER 31st OF THE YEAR YOU EXPECT TO BE COMMISSIONED?	_____	_____
11. ARE YOU NOW OR HAVE YOU EVER BEEN ENLISTED?	_____	DD 368 complete? ___
12. HAVE YOU EVER HAD A “SHIP DATE” FOR BASIC TRAINING?	_____	_____
13. DO YOU HAVE MORAL CONVICTIONS THAT PRECLUDE YOU FROM BEARING FIREARMS AND/OR PARTICIPATING IN FULL MILITARY SERVICE WITH THE U.S. ARMY, TO INCLUDE ARMED COMBAT?	_____	_____
14. DO YOU HAVE ANY TATTOOS SPECIFICALLY PROHIBITED BY ARMY POLICY?	_____	_____
15. HAS YOUR MEDICAL CONDITION CHANGED SINCE YOUR DoDMERB (or MEPS if GRFD) EXCLUDING TEMPORARY ILLNESSES LIKE A COLD?	_____	_____

I certify that these answers are correct: _____

Cadet Signature

*Periodic verification of USACC form 139-R required by USACC Pam 145-4, C-5

Version October 2023

RECORD OF EMERGENCY DATA

OMB No. 0704-0649
Expires 02/28/2026

The public reporting burden for this collection of information is estimated to average 15 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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 COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, and 44 USC 3101
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME *(Last, First, Middle Initial)*	2. DOD IDENTIFICATION NUMBER or SSN

3a. SERVICE/CIVILIAN CATEGORY

☒ ARMY ☐ NAVY ☐ MARINE CORPS ☐ DoD ☐ CIVILIAN ☐ CONTRACTOR
☐ AIR FORCE ☐ SPACE FORCE

3c. MARITAL STATUS ☐ SINGLE ☐ DIVORCED ☐ WIDOWED

b. REPORTING UNIT CODE/DUTY STATION
W0C832/University of Illinois at Urbana-Champaign

4a. SPOUSE NAME *(If applicable) (Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

c. PHONE NUMBERS *(Home, Mobile, Other)*	d. PREFERRED LANGUAGE	e. DoD AFFILIATION
	English	

5. CHILDREN a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

6a. PARENT ONE NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBERS *(Home, Mobile, Other)*

7a. PARENT TWO NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBERS *(Home, Mobile, Other)*

8a. STEP PARENT ONE *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBERS *(Home, Mobile, Other)*

9a. STEP PARENT TWO *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBERS *(Home, Mobile, Other)*

10a. DO NOT NOTIFY PERSON DUE TO THEIR ILL HEALTH	b. NOTIFY INSTEAD
11a. DESIGNATED PERSON(S) (*Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown*)	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

12. CONTRACTING AGENCY AND TELEPHONE NUMBER *(Contractors only)*

SECTION 2 - BENEFITS RELATED INFORMATION

13a. BENEFICIARY(IES) FOR DEATH GRATUITY *(Military only)*	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE

14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES *(Military only)* NAME AND RELATIONSHIP	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	c. PERCENTAGE
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) *(Military only)* NAME AND RELATIONSHIP	b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	

16. CONTINUATION/REMARKS

NMA:

GL:

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN *(Include rank, rate, or grade if applicable)*	18. SIGNATURE OF WITNESS *(Include rank, rate, or grade as appropriate)*	19. DATE SIGNED *(YYYYMMDD)*

ENLISTMENT/REENLISTMENT DOCUMENT - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME *(Last, First, Middle)*	2a. SOCIAL SECURITY NUMBER *(Use for new contracts)*	2b. DoD ID NUMBER *(Use for reenlistments)*

3. HOME OF RECORD *(Street, City, County, State, Country, ZIP Code)*	4. PLACE OF ENLISTMENT/REENLISTMENT *(Mil. Installation, City, State, Zip Code)*
	University of Illinois at Urbana-Champaign Champaign, IL 61820

5. DATE OF:	6. DATE OF BIRTH *(YYYYMMDD)*	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
Enlistment (Reserve Component)		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* U.S. Army Reserve Control Group (ROTC)

this date for 8 years, 0 months, and 0 weeks beginning in pay grade Cadet

of which 0 years, 0 months, and 0 weeks is considered an Active Duty Obligation, and 8

years, _____ months, and _____ weeks will be served in the Reserve Component of the Service in which I have enlisted.

If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/reenlistment are in Section C and ~~Annex(es)~~ *(list name of Annex(es) and describe)* DA Form 597

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States *(list branch of service)* _____ for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years, _____ months, and _____ weeks.

b. REMARKS: *(If none, so state.)*

Authority: AR 145-1, USAR Control Group (ROTC)

DA Form 597

c. The agreements in this section and attached ~~annex(es)~~ are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) _____

PRIVACY ACT STATEMENT FOR DD FORM 4

AUTHORITY: 10 U.S. Code §113: "Secretary of Defense"; 10 U.S. Code §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S. Code §502: "Enlistment oath: who may administer"; 10 U.S.C. §506: "Regular components: extension of enlistments during war"; 10 U.S. Code §507: "Extension of enlistment for members needing medical care or hospitalization"; 10 U.S. Code §508: "Reenlistment: qualifications"; 10 U.S. Code §509: "Voluntary extension of enlistments: periods and benefits"; 10 U.S. Code §510: "Enlistment incentives for pursuit of skills to facilitate national service"; 10 U.S. Code §513: "Enlistments: Delayed Entry Program"; 10 U.S. Code §515: "Reenlistment after discharge as warrant officer"; 10 U.S.C. §516: "Effect upon enlisted status of acceptance of appointment as cadet or midshipman"; 10 U.S. C. §518: "Temporary enlistments"; 10 U.S. C. §519: "Temporary enlistments: during war or emergency"; 10 U.S.C. §3258: "Regular Army: Reenlistment after service as an officer"; 10 U.S.C. §8252: "Regular Air Force: sex-free basis for acceptance of original enlistments"; 10 U.S.C. §8258: "Regular Air Force: reenlistment after service as an officer"; 10 U.S. Code §12107: "Army National Guard of United States; Air National Guard of the United States: enlistment in"; 10 U.S. Code §12108: "Enlisted members: discharge or retirement for years of service or for age"; 32 U.S. Code §301: "Federal recognition of enlisted members"; 32 U.S. Code §302: "Enlistments, reenlistments, and extensions"; 32 U.S.C. §303: "Active and inactive enlistments and transfers"; 32 U.S.C. §304: "Enlistment oath"; E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the Social Security Number (SSN) and the Electronic Data Interchange Personal Identifier (EDIPI), is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service. FOR ALL APPLICANTS: SSN collection is only authorized for newly enlisting military service members. SSN collection is not authorized for current military personnel reenlisting in the Armed Forces. The EDIPI / DoD identification number should be used to identify the records of these individuals. Additional routine uses are listed in the applicable system of records notice:

U.S. Military Processing Command Integrated Resources System (USMIRS), A0601-270 USMEPCOM DoD (November 03, 2010, 75 FR 67700)
https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570661/a0601-270-usmepcom-dod/

Department of the Army, A0601-210a USAREC Enlisted Eligibility Files (December 08, 2005, 70 FR 72998)
https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570071/a0601-210a-usarec.aspx

Department of the Air Force, F036 AETC R, Air Force Recruiting Information Support System (AFRISS) Records (October 23, 2008, 73 FR 63144)
https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569780/f036-aetc-r/

Department of the Navy (Navy and Marine Corps) M01133-3, Marine Corps Recruiting Information Support System (MCRISS) (May 23, 2008, 73 FR 30095)
https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570628/m01133-3/

Department of the Navy (Navy and Marine Corps) N01133-2, Recruiting Enlisted Selection System (April 01, 2008, 73 FR 17336)
https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570318/n01133-2/

Coast Guard: DHS/USCG-027, Recruiting Files
http://www.gpo.gov/fdsys/pkg/FR-2011-08-10/html/2011-20225.htm

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.
YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING KNOWING AND WILLFUL FALSE STATEMENTS ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.

2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable", so state. "Optional" questions may be left blank.

3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2014 is written 20140601.

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/ reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) _____

NAME OF ENLISTEE/REENLISTEE *(Last, First, Middle)*	SOCIAL SECURITY NUMBER *(Use for new contracts)*	DoD ID NUMBER *(Use for reenlistments)*

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached ~~annex(es)~~ DA Form 597 will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached ~~annex(es)~~ DA Form 597 are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED *(YYYYMMDD)*

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States *(list branch of service)* _____ ,

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached ~~Annex(es)~~ DA Form 597 will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
BURCH, ANTHONY T.	O-5	University of Illinois at Urbana-Champaign USAROTCBN
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
		Champaign, IL 61820

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, _____ , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____ , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ , _____ in the _____ National Guard and as a Reserve of the United States *(list branch of service)* _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ weeks, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED *(YYYYMMDD)*

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
BURCH, ANTHONY T.	O-5	University of Illinois at Urbana-Champaign USAROTCBN
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
		Champaign, IL 61820

(Initials of Enlistee/Reenlistee) _____

NAME OF ENLISTEE/REENLISTEE *(Last, First, Middle)*	SOCIAL SECURITY NUMBER *(Use for new contracts)*	DoD ID NUMBER *(Use for reenlistments)*

F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States *(list branch of service)* _____ for a period of _____ years, _____ months, and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) _____

which replace(s) Annex(es) _____

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED *(YYYYMMDD)*

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States *(list branch of service)* _____ in pay grade _____

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED *(YYYYMMDD)*

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*

(Initials of Enlistee/Reenlistee) _____

ARMY SENIOR RESERVE OFFICERS' TRAINING CORPS *(ROTC)* NONSCHOLARSHIP CADET CONTRACT

For use of this form see AR 145-1; the proponent agency is DCS G-1.

PRIVACY STATEMENT

AUTHORITY: 10 USC Chapter 103, Senior Reserve Officers' Training Corps; 10 USC 2101 through 2111, Armed Forces Training and Education; 10 USC 3013, Secretary of the Army AR 145-1, Senior Reserve Officers' Training Corps Program: Organization, Administration, and Training; AR 600-8-104, Army Military Human Resource Records Management; and E.O. 9397 SSN (as amended).

PRINCIPAL PURPOSE: To specify the contractual agreements and obligations and to document contracting in the Army Senior Reserve Officers' Training Corps (ROTC) Nonscholarship Cadet Contract Program. For additional information see the System of Records Notice A0145-1 AHRC, Army Reserve Officers' Training Corps (ROTC) and Financial Assistance Programs and A0600-8-104b AHRC, Official Military Personnel Record (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/).

ROUTINE USES: Information provided may be further disclosed to the Federal Aviation Administration for flight certification/licensing and to the Department of Veteran's Affairs for benefits purposes. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, applicable portions must be completed if the applicant desires to be contracted in the ROTC Nonscholarship Program.

System of Record Notices (SORN) that apply to the DA Form 597 is A0600-8-104b AHRC, Official Military Personnel System (APS) (30 JUL 13). This SORN as well as the authorities for the maintenance are available at https://dpcld.defense.gov/Privacy.

PREAMBLE

This contract represents an agreement entered into between the United States Army and the Reserve Officers' Training Corps *(ROTC)* nonscholarship cadet named herein, with the consent of the parent or guardian if the cadet is under the age of 18, to effect said cadet's participation in the Army Reserve Officers' Training Corps Program. It is hereby agreed by both parties, the United States Army and the cadet, that the sole purpose of the ROTC nonscholarship program is to produce officers for the United States Army. Entry into this program is a serious commitment. This commitment must be made with the resolve to attain a commission. If there are any doubts about the prospective cadet's ability or determination to fulfill the terms of this contract, then this contract should not be executed. In consideration of the mutual benefits, which will accrue to the parties hereto by reason of the cadet's participation in the Army ROTC and later service in the United States Army, the parties agree to the terms below.

CONTRACT

A. STUDENT'S NAME *(Last, First, MI)*	D. NAME OF EDUCATIONAL INSTITUTION University of Illinois at Urbana-Champaign
B. SSN	E. ADDRESS OF EDUCATIONAL INSTITUTION 505 East Armory Avenue, Room 113 Champaign, IL 61820
C. DATE OF BIRTH *(YYYYMMDD)*	
F. DATE EDUCATION COMMENCES *(YYYYMMDD)* 20260824 / G. COMPLETION DATE *(YYYYMMDD)* 20300511	H. ADDRESS OF RECORD *(Include ZIP Code)*
I. ACADEMIC MAJOR IN WHICH DEGREE IS TO BE ATTAINED	

PART I - AGREEMENT OF THE DEPARTMENT OF THE ARMY

1. **DEPARTMENT OF THE ARMY AGREEMENT**. In consideration of the agreement in Part II below, the Department of the Army agrees to--

a. **PAY MONTHLY SUBSISTENCE.** Pay a subsistence allowance for participation in the nonscholarship program for 10 months of any academic year *(or the actual duration of the academic year, whichever is shorter) at the rate of* $ 420 for MS II cadets; $ 420 for MS III cadets; $ 420 for MS IV cadets; and $ 420 for MS V cadets, for no more than a total of 30 months. These rates are generally prescribed by law and implemented by the Secretary of Army and may change during the period of this contract.

b. **PAY FOR ATTENDANCE AT CADET SUMMER TRAINING (CST).** Provide a daily rate of pay, which is prescribed by law for cadets of the United States Military Academy and implemented by the Department of Defense Military Pay and Allowance Entitlements Manual *(DODPM)*, for the period that the cadet attends CST.

c. **PROVIDE TRAINING**. Provide the cadet with U.S. Army sponsored and funded Reserve Officer Training.

d. **DELAY ACTIVE DUTY FOR GRADUATE/PROFESSIONAL STUDY.** The obligated period of active duty this contract requires may be delayed upon commissioning, if the cadet's application for resident graduate or professional study is approved, until the completion of the authorized delay.

e. **COMMISSION AS AN OFFICER**. Upon satisfactory completion of the academic, military, and all other requirements of the Army ROTC Program, a cadet may be appointed as a reserve officer in the Army in the grade of second lieutenant.

PART II - AGREEMENT OF NONSCHOLARSHIP CADET CONTRACTING IN THE SENIOR ROTC PROGRAM

2. **GENERAL CADET AGREEMENT**. As the ROTC nonscholarship cadet named above, I agree to do the following:

a. **ENLISTMENT AGREEMENT**. As a condition for membership in the Army ROTC Program, I agree to enlist in the Reserve Component of the United States Army *(with assignment to the USAR Control Group (ROTC))* for a period prescribed by the Secretary of the Army.

b. **ENROLLMENT AGREEMENT**. I agree to enroll in the necessary courses and successfully complete, within the prescribed time, the requirements for the degree in the academic major stated above. I agree to remain enrolled in and successfully complete the ROTC program, including CST and all training as prescribed by the Secretary of the Army or his/her designee, as a prerequisite for commissioning.

c. **FULL-TIME STUDENT AGREEMENT**. I agree to remain a full-time student in good standing at the educational institution named above until I receive my degree. A full-time student is defined as one enrolled in sufficient academic courses to obtain junior and senior academic status at the end of each appropriate one-academic-year increment for the duration of my college program. This includes the required Army ROTC classes, which may be part of or in addition to those courses required for my degree. If I desire to transfer to another institution or take a leave of absence from the continuous performance of this contract, I agree to obtain prior written approval from the Professor of Military Science *(PMS)*.

d. **ACADEMIC GRADE POINT AVERAGE AGREEMENT**. I agree to maintain, at a minimum, a cumulative academic grade point average of 2.0 on a 4.0 or equivalent scale. This grade point average must also be maintained for each semester or quarter. If I am required by my academic major or by the school I am attending to maintain a higher cumulative and semester or quarter grade point average, I agree to maintain that higher standard until the completion of the academic requirements for my degree. I understand and agree that failure to maintain the minimum academic grade point average may subject me to disenrollment from the ROTC program.

e. **ROTC COURSES GRADE POINT AVERAGE AGREEMENT**. I agree to maintain at least a 2.0 on a 4.0 or equivalent scale, cumulative and semester or quarter academic grade point average in all ROTC courses. I understand and agree that failure to maintain the minimum ROTC courses grade point average may subject me to disenrollment from the ROTC program.

f. **MEDICAL AND PHYSICAL FITNESS STANDARDS**.

(1) I agree to maintain eligibility for enrollment and retention in ROTC and commissioning, as defined by statute, DoD guidance, Army regulation, and this contract, throughout the period of this contract. I agree to meet and maintain standards of the Army fitness test of record and the screening weight or body fat percentage required by the Army Body Composition Program as required of active duty soldiers each year and prior to attendance at ROTC CST. These will be continuous requirements that I must meet until the date that I report to Officer Basic Course*(OBC)* or a Reserve Component unit and thereafter. Commissioning eligibility standards, are subject to change, and I must keep myself informed of such changes through contact with the PMS. I understand and agree that failure to maintain the weight and physical fitness requirements and any other commissioning requirements prescribed by DoD and/or HQDA may subject me to disenrollment from the ROTC program.

(2) I agree to undergo precommissioning drug and alcohol screening tests, prescribed by U.S. Army Cadet Command. If the result of any test is positive, I may be subject to disenrollment from the ROTC program.

(3) I agree to undergo testing for HIV *(Human Immunodeficiency Virus)* antibody during my precommissioning physical examination. If the result of the testing is confirmed positive, I may be disenrolled from the ROTC program.

(4) I consent to take immunizations in accordance with the requirements identified in AR 40-562 *(Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases)* and DoD directed immunizations as necessary in order to maintain a world-wide deployable status.

g. **NURSE CADET ADDITIONAL AGREEMENT**. I agree, if I am a nurse cadet, I must complete a baccalaureate program from an accredited and approved educational institution with an academic and clinical curriculum in English. I also agree to complete my ROTC training requirements by my projected commissioning date and accept, if offered, a commission in the USAR. I further understand that I must first pass the professional degree and licensing exam requirements set forth in relevant Army regulations prior to entry into any component of the Army Nurse Corps. If a nurse cadet, I will take the exam within 60 days after graduation. If I fail the exam, I must retake the examination within 120 days after graduation. If I fail my nurse licensing examination for the second time, I will be branched based on the needs of the Army.

3. **ADDITIONAL TERMS AND CONDITIONS**. I further understand that -

a. **DISCLOSURE OF DISQUALIFYING CONDITIONS**. By executing this contract, I represent that I meet all eligibility criteria for contracting in the ROTC Program and commissioning, as defined by statute, Army regulation, and this contract. I represent that I have disclosed or will disclose any and all pre-existing medical conditions and non-medical conditions including civil convictions and alternate dispositions that would make me ineligible for enrollment in the ROTC program as specified in statute, Army regulations *(including but not limited to, AR 145-1)* and this contract. If I am ineligible for contracting in ROTC based on a particular medical or non-medical condition, but such ineligibility may be waived, I must obtain an approved waiver before executing this contract. Failure to have disclosed or to disclose any disqualifying condition, including any conditions I should have known about, will subject me to disenrollment from the ROTC program. Therefore, nothing in this paragraph requires a disclosure of my sexual orientation in violation of the Department of Defense or Department of the Army Policy.

b. **NATURE OF DUTIES AND CONSCIENTIOUS OBJECTOR STATUS**. My acceptance of the terms and conditions of this agreement signifies my readiness to bear arms, to engage in and support combat operations and to operate and support operations of approved weapons systems. If I at any time apply for and receive conscientious objector status, I will be disenrolled from the program. If conscientious objector status is approved, my failure to complete the service obligation within this contract will result in my disenrollment.

c. **CADET OBLIGATION**.

(1) **CADETS**. I understand and agree that I will incur an active duty obligation after the first day of MS III year *(junior year)*.

(2) **GREEN-TO-GOLD CADETS**. If I was conditionally discharged from the active Army to become a nonscholarship advanced course cadet, I am obligated and may not voluntarily withdraw from the ROTC program from the date of discharge without incurring an active duty obligation as stipulated in paragraph 5 of this contract. The only exception to this requirement is if I am disenrolled from ROTC because of personal hardship. In case of personal hardship, I may request to be returned to active duty in my enlisted status to serve out the time remaining on my original active duty enlistment contract instead of the active duty obligation stipulated in paragraph 5b of this contract if there is at least one year remaining on my original active duty enlistment and I am otherwise eligible for active duty.

4. **CADET AGREEMENTS UPON PROGRAM COMPLETION**. Upon completion of all requirements for appointment, to include medical qualification, all prescribed military science courses, CST, and any other training that may be prescribed by the Secretary of the Army or his or her designee, I agree to, as prescribed by the Secretary of the Army, complete the following requirements:

a. **ACCEPTANCE OF APPOINTMENT**. I agree to accept an appointment, if offered, as a commissioned officer in the USAR or ARNG, in accordance with governing Army regulations. I understand that upon appointment, I will incur a military service obligation not to exceed eight *(8)* years and cannot resign such appointment before completion; however, this obligation may be met in a variety of methods as outlined below. I further understand that active duty service may include worldwide assign mentor assignment to a branch that involves combat or exposure to nuclear, chemical, or biological weapons.

(1) **ACTIVE DUTY ASSIGNMENT**. If selected for such duty, I agree to serve on active duty as a commissioned officer in the U.S. Army for the time prescribed by relevant Army regulations based on the needs of the Army, followed by service in the USAR Control Group *(Reinforcement)* or a Troop Program Unit *(TPU)* until the remainder of my eight-year contractual military service obligation has been served.

(2) **RESERVE COMPONENT DUTY ASSIGNMENT**. If I am not selected for extended active duty, I will serve a short period of active duty or active duty for training if appointed in a Reserve Component. I will complete an officer's basic course for branch qualification. This will be followed by service in a Reserve Component Unit *(ARNGUS or USAR)*, which has Monthly Unit Training Assemblies and an annual training period of approximately two weeks, until the remainder of my contractual military service obligation has been served.

(3) **UNAVAILABILITY OF TROOP PROGRAM UNIT ASSIGNMENT**. If I am fulfilling my obligation through Reserve Component duty and an appropriate troop program unit assignment is not available as defined by applicable Army regulations or becomes unavailable in either the U.S. Army Reserve or the Army National Guard of the United States, I agree to participate as a member of the Individual Mobilization Augmentee *(IMA)* program by serving at least twelve *(12)* days, excluding travel time, on annual training each fiscal year as directed by the Human Resources Command. If neither an appropriate unit nor an IMA assignment is available, I agree to participate as a member of the Individual Ready Reserve *(IRR)* by serving up to twelve *(12)* days of training each fiscal year until such time as an appropriate unit or IMA assignment becomes available or until the expiration of my contractual military service obligation. I may be required to travel the distance specified in Army regulations to fulfill my contractual military service obligation.

b. **APPLICATION FOR RESERVE COMPONENT DUTY ASSIGNMENT**. I understand that I may apply for a Reserve Component appointment and request service on active duty or service with a Reserve Component Unit *(ARNGUS or USAR)* at my discretion. However, my selection for the appointment and service shall be determined according to the needs of the Army at the time that my requested appointment is considered. Further, specific career field choices and branch assignments cannot be guaranteed but will be made according to the needs of the Army.

5. **TERMS OF DISENROLLMENT**. I understand and agree that if I am disenrolled from the ROTC program for breach of contractual terms or any other disenrollment criteria established now or in the future by Army regulations *(which include, but are not limited to, AR 145-1)*, incorporated herein by reference, I am subject to the terms in paragraphs 5a, 5b and 5c below-

a. **I AGREE TO SERVE ON ENLISTED ACTIVE DUTY**. Under the terms of this contract, the Secretary of the Army or his or her designee, may order me to active duty as an enlisted soldier, if I am qualified, for a period of not more than two *(2)* years if I fail to complete the ROTC program and am disenrolled after the point of obligation. Any unexpired portion of my enlistment obligation remaining after such active duty must be served in the USAR Control Group *(Reinforcement).*

b. **I AGREE TO TRANSFER TO THE INDIVIDUAL READY RESERVE *(IRR)* , IF APPLICABLE**. If I am disenrolled from ROTC and assigned to the ROTC Control Group, and I am not ordered to active duty and am not pending such an order under the terms of this contract, applicable Army regulations, or statute, then-

(1) If I have previously completed basic training *(BT)* or eight weeks of one station unit training *(OSUT)* and I do not join a troop program unit, then I will be transferred to the Individual Ready Reserve.

(2) If I have not completed BT or eight weeks of OSUT and I have no previous military service, I will be discharged from the USAR unless I find a Reserve unit vacancy and am accepted to fill that vacancy within 60 days of disenrollment.

c. **I AGREE THAT PENDING DISCHARGE, I MAY NOT ENLIST**. I may not enlist in the active Army, another military service, or in a military service academy while I am a contracted ROTC cadet unless I am properly discharged from the ROTC program.

6. **LEAVE OF ABSENCE**. If I am placed in a leave of absence due to my failure to meet academic or military retention standards as prescribed by statute, Army regulations, or this contract, I will not be relieved of my obligations to the U.S. Army and my obligations under this contract remain in effect.

7. **RELEASE FROM OBLIGATIONS**. I understand that the Secretary of the Army or his/her designee may at any time release me without notice from the obligations under this contract and disenroll me from the ROTC Program without further benefits here under if, in the opinion of the Secretary of the Army or his or her designee, it is in the best interest of the Army.

PART II - AGREEMENT OF NONSCHOLARSHIP CADET CONTRACTING IN THE SENIOR ROTC PROGRAM *(Continued)*

8. **COMPLIANCE WITH AND CHANGES IN ELIGIBILITY REQUIREMENTS**. I acknowledge that I have discussed the eligibility requirements pertaining to enrollment in ROTC, enlistment in the USAR or ARNGUS, and accepting a commission as an officer, with the PMS or other designated and authorized ROTC cadre members, and that I understand these requirements. I realize that these requirements may change in the future. I agree to keep myself apprised of all changes in requirements and to maintain my eligibility to participate in ROTC at all times in the future. I also agree to inform the PMS of any change in my eligibility *(medical and non-medical)* based on current or revised requirements as soon as I know or should reasonably have known, recognizing my agreement to keep myself apprised of all applicable changes in requirements. Failure to so advise the PMS of such changes in eligibility that I was aware of or should have been aware of may result in disenrollment.

9. **ORDER TO ACTIVE DUTY IN THE EVENT OF WAR**. I understand that either as an enlisted member or as a commissioned officer in the Reserve Component of the Army of the United States or upon my transfer or assignment thereto, I may be ordered to active duty without my consent in the event of a war, a national emergency declared by Congress or the President, an order of the Selected Reserve to active duty authorized by the President, and as otherwise authorized by law, such call to active duty could be for the duration of a war or any period of time authorized by law.

10. **COMPLETE AGREEMENT AND SEVERABILITY**. I understand the provisions in the contract contain the only binding promises by and to both parties. This agreement controls over any conflicting advice or information that I may have received orally or in writing from Cadet Command, my PMS, other cadre, cadets or others regarding my obligations and agreements to the Army. If any provision within this agreement is determined to be invalid or unenforceable by a court of law, the remaining terms and agreements remain in full force and effect.

J. HOME ADDRESS *(Include ZIP Code)*	K. SIGNATURE
	L. DATE *(YYYYMMDD)*

PART III - CONSENT OF PARENT OR GUARDIAN TO ENROLL IN ROTC & ENLIST IN THE U.S. ARMY RESERVE
(To be completed if applicant is under 18 years of age at time of enrollment in the ROTC program)

11. I certify that I am the applicant's parent or legal guardian, and that the applicant's date of birth as shown above is correct.

12. I consent to applicant's enrollment in the ROTC and to enlistment in the USAR.

13. I have read and thoroughly understand the above statements of terms under which the applicant is being enrolled. I relinquish all claims to applicant's service and to any wages or compensation for such service. I understand that the applicant will be subject to all of the requirements and lawful commands of the officers who may from time to time be placed over the applicant, and I certify that no promise of any kind has been made to me concerning the applicant's assignment to duty or appointment as an officer as an inducement to me to sign this contract.

M. SIGNATURE OF PARENT OR GUARDIAN	N. SIGNATURE OF WITNESS	O. DATE *(YYYYMMDD)*

PART IV - CONFIRMATION OF ENROLLMENT AS AN ROTC NONSCHOLARSHIP CADET
(And of Enrollment in the ROTC Program, If not previously enrolled)

14. On the basis of the above executed contract *(Part II)*, and the executed consent of the parent or guardian *(Part III)*, if applicable, I have selected and enrolled this applicant as a cadet in the ROTC Program on the effective date of enrollment in item P.	P. EFFECTIVE DATE OF ENROLLMENT *(YYYYMMDD)*

PART V - FOR THE SECRETARY OF THE ARMY

Q. NAME OF ROTC CONTRACTING OFFICIAL	R. SIGNATURE OF ROTC OFFICIAL	S. DATE *(YYYYMMDD)*
BURCH, ANTHONY T., LTC, EN PMS		

ARMY SENIOR RESERVE OFFICERS' TRAINING CORPS *(ROTC)* SCHOLARSHIP CADET CONTRACT

For use of this form see AR 145-1; the proponent agency is DCS G-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, USC, Sections 2005, 2101 through 2111, and 3013. Title 5, USC, Section 301.
PRINCIPAL PURPOSE:	To specify the contractual agreements and obligations and to document contracting in the Army Senior Reserve Officers' Training Corps Scholarship Program.
ROUTINE USES:	This form will be maintained in the cadet's Military Personnel Records Jacket and becomes a permanent part of the official personnel records as confirmation of enrollment, contracting, obligation and agreements.
DISCLOSURE:	Disclosure of the information requested in this contract is voluntary. However, applicable portions must be completed if you desire to be enrolled in the Army ROTC Scholarship Program.

PREAMBLE

This contract represents an agreement entered into between the United States Army and the Reserve Officers' Training Corps *(ROTC)* scholarship recipient *(cadet)* named herein, with the consent of the parent or guardian if the cadet is under the age of 18, to effect the cadet's participation in the Army Reserve Officers' Training Corps Program. It is hereby agreed by both parties, the United States Army and the Cadet, that the sole purpose of the ROTC scholarship program is to produce officers for the United States Army. Entry into this program is a serious commitment. This commitment must be made with the resolve to attain a commission. If there are any doubts about the prospective cadet's ability or determination to fulfill the terms of this contract, then this contract should not be executed. In consideration of the mutual benefits, which will accrue to the parties hereto by reason of the cadet's participation in the Army ROTC and later service in the United States Army, the parties agree to the terms below.

CONTRACT

A. **STUDENT'S NAME** *(Last, First, MI)*		D. NAME OF EDUCATIONAL INSTITUTION University of Illinois at Urbana-Champaign	
B. SSN		E. ADDRESS OF EDUCATIONAL INSTITUTION 505 East Armory Avenue, Room 113 Champaign, IL 61820	
C. DATE OF BIRTH *(YYYYMMDD)*			
F. DATE EDUCATION COMMENCES *(YYYYMMDD)* 20260824	G. COMPLETION DATE *(YYYYMMDD)* 20300511	H. ADDRESS OF RECORD *(Include ZIP Code)*	
I. ACADEMIC MAJOR IN WHICH DEGREE IS TO BE ATTAINED			
J. EXTENDED BENEFITS RECEIVED	K. PERIOD COVERED	L. DATE APPROVED *(YYYYMMDD)*	M. AUTHORIZED

PART I - AGREEMENT OF THE DEPARTMENT OF ARMY

1. **DEPARTMENT OF THE ARMY AGREEMENTS** In consideration of the agreement in Part II below, the Department of the Army agrees to--

a. **PAY SCHOLARSHIP BENEFITS** Pay for a period of _____ academic years *(provided funds are appropriated by Congress)* the following:

(1) **TUITION AND FEES**. Tuition and educational fees up to an annual amount of FULL TUITION AND FEES OR ROOM AND BOARD ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxx~~

(2) **BOOKS AND LABORATORY EXPENSES**. A flat rate of $ 600, which may increase during the period of this contract, will be reimbursed as established on an annual basis by the U.S. Army Cadet Command, for textbooks, and laboratory expenses. This will be payable on the first day of enrollment for all returning or previously enrolled cadets. The flat rate for new award winners will be paid promptly upon completion of the 45-day requirement or upon validation of the scholarship contract whichever is later. *(Any items the cadet believes are needed that would exceed this rate must be purchased with other than Army funds.)*

(3) **PAYMENT TERMS**.

(a) Scholarship payment for tuitions and fees will be made if the cadet remains actively enrolled as a scholarship student on the 45th day after the start of each academic year. The 45-day waiting period applies only to the first term of each academic year *(usually the Fall semester/quarter)*. The waiting period will not apply to the second semester or to second/third quarters. If the cadet enters into a scholarship contract after the 45th day of the first term of the academic year, he or she is immediately eligible for scholarship benefits payments.

(b) After the 45-day waiting period, payment for tuition and fees will be made to the beginning of the term, or the date the cadet began the term, whichever is later, provided that this contract is consummated before the end of that term.

(c) If the educational institution will not defer the payment of tuition and other fees until the 45th day after the start of classes, the cadet is responsible for payment of the tuition and fees. The Army is not obligated to pay any late fee incurred as a result of the cadet's failure to pay the costs of tuition and fees prior to the 45th day.

b. **PAY MONTHLY SUBSISTENCE.** Pay a subsistence allowance for participation in the scholarship program for 10 months of any academic year *(or the actual duration of the academic year, whichever is shorter)* at the rate of $ 420 per month for MS I cadets; $ 420 per month for MS II cadets; $ 420 per month for MS III cadets; $ 420 per month for MS IV cadets; and $ 420 for MS V cadets. These rates are generally prescribed by law and implemented by the Secretary of Defense and may change during the period of this contract. Entitlement is not to exceed--

(1) 50 months for a 5-year scholarship. *(or extended benefits under 4-year scholarship)*

(2) 40 months for a 4-year scholarship.

(3) 30 months for a 3-year scholarship.

(4) 20 months for a 2-year scholarship.

c. **PAY FOR ATTENDANCE AT LEADER DEVELOPMENT AND ASSESSMENT COURSE *(LDAC).*** Provide a daily rate of pay, which is prescribed by law for cadets of the United States Military Academy and implemented by the Department of Defense Military Pay and Allowance Entitlements Manual *(DODPM), for the period that the cadet* attends LDAC.

NOTE: Payment for travel from the cadet's home of record to the school listed above is not authorized under this scholarship contract. *(EXCEPTION: The only exception is for four-year, Military Junior Colleges (MJC), and Green-to-Gold scholarship recipients who are paid for one time travel from home of record to school to accept an appointment as a scholarship cadet and to enlist in the USAR Control Group (ROTC)).*

d. **PROVIDE TRAINING .** Provide the cadet with U.S. Army-sponsored and -funded Reserve Officer Training.

e. **DELAY ACTIVE DUTY FOR GRADUATE/PROFESSIONAL STUDY .** The obligated period of active duty this contract requires may be delayed upon commissioning, if the cadet's application for resident graduate or professional study is approved, until completion of the authorized delay.

f. **COMMISSION AS AN OFFICER** . Upon satisfactory completion of the academic, military, and all other requirements of the Army ROTC program, a cadet may be appointed as a reserve officer in the Army in the grade of second lieutenant.

2. **GENERAL CADET AGREEMENT.** As the ROTC scholarship cadet named above, I hereby agree to do the following:

a. **ENLISTMENT AGREEMENT.** As a condition for membership in the Army ROTC Program, I agree to enlist in the Reserve Component of the United States Army *(with an assignment to the USAR Control Group (ROTC))* for a period prescribed by the Secretary of the Army.

b. **ENROLLMENT AGREEMENT.** I agree to enroll in the necessary courses and successfully complete, within the prescribed time, the requirements for the degree in the academic major stated above. I agree to remain enrolled in and successfully complete the ROTC program, including LDAC and all training as prescribed by the Secretary of the Army or his/her designee, as a prerequisite for commissioning.

c. **FULL-TIME STUDENT AGREEMENT.** I agree to remain a full-time student in good standing at the educational institution named above until I receive my degree. A full-time student is defined as one enrolled in sufficient academic courses to obtain sophomore, junior, and senior academic status at the end of each appropriate one-academic-year increment for the duration of the scholarship. This includes the required Army ROTC classes, which may be part of or in addition to those courses required for my degree. If I desire to transfer to another institution or take a leave of absence from the continuous performance of this contract, I agree to obtain prior written approval from the Professor of Military Science *(PMS).*

d. **ACADEMIC GRADE POINT AVERAGE AGREEMENT.** I agree to maintain, at a minimum, a cumulative academic grade point average of 2.0 on a 4.0 or equivalent scale. This grade point average must also be maintained for each semester or quarter. If I am required by my academic major or by the school I am attending to maintain a higher cumulative and semester or quarter grade point average, I agree to maintain that higher standard until the completion of the academic requirements for my degree. I understand and agree that failure to maintain the minimum academic grade point average may subject me to disenrollment from the ROTC program.

e. **ROTC COURSES GRADE POINT AVERAGE AGREEMENT.** I agree to maintain at least a 2.0 on a 4.0 or equivalent scale, cumulative and semester or quarter academic grade point average in all ROTC courses. I understand and agree that failure to maintain the minimum ROTC courses grade point average may subject me to disenrollment from the ROTC program.

f. **MEDICAL AND PHYSICAL FITNESS STANDARDS.**

(1) I agree to maintain eligibility for enrollment and retention in ROTC and commissioning, as defined by statute, Army regulation, and this contract, throughout the period of this contract. I agree to meet and maintain the Army Physical Fitness Test *(APFT)* standard and the screening weight or body fat percentage required by the Army Weight Control Program as required of active duty soldiers each year and prior to attendance at ROTC LDAC. These will be continuous requirements that I must continue to meet until the date that I report to Officer Basic Course *(OBC)* or a Reserve Component unit and thereafter. Commissioning eligibility standards, including the APFT and Army Weight Control Program standards, are subject to change, and I must keep myself informed of such changes through contact with the PMS. I understand and agree that failure to maintain the weight and physical fitness requirements may subject me to disenrollment from the ROTC program.

(2) I agree to undergo precommissioning drug and alcohol screening tests, normally administered during LDAC training, or as may otherwise be prescribed by U.S. Army Cadet Command. If the result of any test is positive, I will be subject to disenrollment from the ROTC program.

(3) I agree to undergo testing for HIV *(Human Immunodeficiency Virus)* antibody during my precommissioning physical examination; normally during LDAC training or as the U.S. Army Cadet Command may otherwise prescribe. If the result of the testing is confirmed positive, I will be disenrolled from the ROTC program.

g. **NURSE CADET AND ARMY MEDICAL SPECIALIST CORPS CADET ADDITIONAL AGREEMENT. I** agree, if I am a nurse candidate or a medical specialist corps cadet, to complete a baccalaureate program from an accredited and approved educational institution with an academic and clinical curriculum in English. I also agree to complete my ROTC training requirements by my projected commissioning date and accept, if offered, a commission in the USAR. I further understand that if selected for active duty in the Army Nurse Corps or Army Medical Specialist Corps, I must first pass the professional degree and licensing exam requirements set forth in relevant Army regulations prior to entry on active duty for my particular specialty. If a nurse cadet, I will take the exam not later than 60 days after graduation. If I fail the exam, I must retake it within 120 days after the first exam. If I fail my nurse licensing examination for the second time, I will be branched based on the needs of the Army.

3. **ADDITIONAL TERMS AND CONDITIONS. I further understand that--**

a. **DISCLOSURE OF DISQUALIFYING CONDITIONS.** By executing this contract, I represent that I meet all eligibility criteria for contracting in the ROTC Program and commissioning, as defined by statute, Army regulation, and this contract. I represent that I have disclosed or will disclose any and all pre-existing medical conditions and non-medical conditions that would make me ineligible for enrollment in the ROTC program as specified in statute, Army regulation *(including but not limited to AR 145-1)*s and this contract. If I am ineligible for contracting in ROTC based on a particular medical or non-medical condition, but such ineligibility may be waived, I must obtain an approved waiver before executing this contract. Failure to have disclosed or to disclose any disqualifying condition, including any conditions I should have known about, will subject me to disenrollment from the ROTC program and possible recoupment of scholarship benefits. I certify that I have been notified of the Department of Defense Homosexual Conduct Policy, and I understand that my sexual orientation does not make me ineligible for contracting with the Army. Therefore, nothing in this paragraph requires a disclosure of my sexual orientation in violation of the Department of Defense Homosexual Conduct Policy as addressed in AR 600-20.

b. **NATURE OF DUTIES AND CONSCIENTIOUS OBJECTOR STATUS.** My acceptance of the terms and conditions of this agreement signifies my readiness to bear arms, to engage in and support combat operations and to operate and support operations of approved weapons systems. If I at any time apply for and receive conscientious objector status, I will be disenrolled from the program. If conscientious objector status is approved, my failure to complete the service obligation within this contract will result in my disenrollment, at which point I may be required to reimburse the United States Government for advanced educational assistance expended on my behalf.

c. **CADET OBLIGATION.**

(1) CADETS. I understand and agree that I will incur an active duty and/or reimbursement obligation after the first day of my MS II year *(sophomore year)* if I am a three-, four- or five-year scholarship recipient; after the first day of my MS III year *(junior year)* if I am a two-year scholarship recipient; or after the first day of my MS IV year *(senior year)* if I am a one-year or less scholarship recipient.

(2) **GREEN-TO-GOLD CADETS.** If I was conditionally discharged from the active Army to become a scholarship recipient, I am obligated and may not voluntarily withdraw from the ROTC program from the date of discharge without incurring an active duty or reimbursement obligation.

(a) If I am an MS I/freshman and I am disenrolled from the ROTC Program for any reason, I may be returned to active duty for the time not served on my original active duty enlistment when I was separated to accept the ROTC scholarship. If I have less than one year remaining on my original active duty enlistment and am not returned to active duty, I may be required to repay scholarship funds expended on my behalf.

(b) If I am in the ROTC program beyond the MSI/freshman year and am disenrolled, I may be returned to active duty or I may be involuntarily ordered to active duty as stipulated in paragraph 6 of this contract. In case of personal hardship, I may request return to active duty in my enlisted status to serve

out the time remaining on my original active duty enlistment contract instead of the active duty obligation stipulated in paragraph 6 of this contract.

NOTE: If I am a cadet with prior service, I understand that I will be required to serve any unexpired portion of my previous statutory enlistment obligation. The unexpired portion of my previous statutory enlistment obligation runs concurrently with my contractual military service obligation under this contract.

4. **CADET AGREEMENTS UPON PROGRAM COMPLETION.** Upon completion of all requirements for appointment, to include medical qualification, all prescribed military science courses, LDAC and any other training that may be prescribed by the Secretary of the Army or his or her designee, I agree to, as prescribed by the Secretary of the Army, complete the following requirements:

a. **ACCEPTANCE OF APPOINTMENT.** I agree to accept an appointment, if offered, as a commissioned officer in the USAR or ARNGUS, in accordance with governing Army regulations. I understand that upon appointment, I will incur a total military service obligation not to exceed eight *(8)* years and cannot resign such appointment before completion; however, this obligation may be met in a variety of ways as outlined below. I further understand that active duty service may include worldwide assignment and assignment that involves combat or exposure to nuclear, chemical, or biological weapons.

(1) **ACTIVE DUTY ASSIGNMENT.** Serve up to 4 years on active duty as a commissioned officer in the U.S. Army or for a period as prescribed by relevant Army regulations based on the needs of the Army, followed by service in the Reserve Component as set forth in relevant Army regulations, until the remainder of my eight-year contractual military service obligation has been served.

(2) **RESERVE COMPONENT DUTY ASSIGNMENT.** Serve a short period of active duty or active duty training if appointed for duty in a Reserve Component. If I am not selected for extended active duty, I will complete an officer's basic course for branch qualification. This will be followed by service in a Reserve Component Unit *(ARNGUS or USAR), which has Monthly Unit Training Assemblies and an annual training period* of approximately two weeks until the remainder of my contractual military service obligation has been served.

(3) **UNAVAILABILITY OF TROOP PROGRAM UNIT ASSIGNMENT.** If I am fulfilling my obligation through Reserve Component duty and an appropriate troop program unit assignment is not available or becomes unavailable in either the U.S. Army Reserve or the Army National Guard of the United States, I agree to participate as a member of the Individual Mobilization Augmentee *(IMA)* program by serving at least twelve *(12)* days, excluding travel time, on annual training each fiscal year as directed by the Human Resources Command - St. Louis (HRC-St Louis). If it is determined that neither an appropriate unit nor an IMA assignment is available, I agree to participate as a member of the Individual Ready Reserve *(IRR)* by serving up to twelve *(12)* days of training each fiscal year until such time as an appropriate unit or IMA assignment becomes available or until the expiration of my contractual military service obligation. I may be required to travel the distance specified in Army regulations to fulfill my contractual military service obligation.

(4) **THE ARMY NATIONAL GUARD COMBAT REFORM INITIATIVE *(ANGCRI).*** If I am offered the opportunity to participate in the Army National Guard Combat Reform Initiative *(ANGCRI),* I understand and agree that in return for participation in the ANGCRI program, I will serve my remaining service obligation in an Army National Guard unit, in lieu of completing my active duty service obligation, including mandatory service requirements as prescribed by Federal statute, Army regulation, and my ROTC contract. Furthermore, if I voluntarily, or because of misconduct, fail to complete my obligated Reserve service in an Army National Guard unit, the Army may require me to return to active duty to complete the remainder of my service obligation or the Army may seek recoupment against me.

b. **APPLICATION FOR RESERVE COMPONENT DUTY ASSIGNMENT.** I understand that I may apply for a Reserve Component appointment and request service on active duty or service with a Reserve Component Unit *(ARNGUS or USAR)* at my discretion. However, my selection for the appointment and service shall be determined according to the needs of the Army at the time that my requested appointment is considered. Further, specific career field choices and branch assignments cannot be guaranteed but will be made according to the needs of the Army no earlier than 12 months before commissioning.

c. If granted scholarship benefits beyond four years, I am obligated to serve an additional period of active duty equivalent to any scholarship entitlements extended beyond four years, e.g., six months for each additional semester of financial assistance granted *(or four months for each additional quarter of financial assistance granted)*.

5. **TERMS OF DISENROLLMENT.** I understand and agree that once I become obligated and I am disenrolled from the ROTC program for breach of contractual terms or any other disenrollment criteria established now or in the future by Army regulations *(which include, but are not limited to, AR 145-1)* incorporated herein by reference, I am subject to the terms in paragraphs 5a through 5e below--

a. **I AGREE TO SERVE ON ENLISTED ACTIVE DUTY.** Under the terms of this contract, the Secretary of the Army or his or her designee, may order me to active duty as an enlisted soldier, if I am qualified, for a period of not more than four *(4)* years if I fail to complete the ROTC program. If I am disenrolled after the point of obligation, I may be ordered to active duty for one of the periods listed in paragraph 6 below based upon the year during which my disenrollment was initiated;

b. **I AGREE TO REIMBURSE THE UNITED STATES GOVERNMENT.** If I am offered the opportunity to repay my advanced educational assistance in lieu of being ordered to active duty, I will be required to reimburse the United States government through repayment of an amount of money, plus interest, equal to the entire amount of financial assistance *(to include tuition, educational fees, books, laboratory expenses, and supplies),* paid by the United States for my advanced education from the commencement of this contractual agreement to the date of my disenrollment or refusal to accept a commission. This amount includes any financial assistance I may have received prior to my obligation point. I agree that any money I am determined to owe to the United States shall bear interest at the rate equal to the highest rate being paid by the United States on securities having maturity dates of ninety days or less and shall accrue from the day that I am first notified of the amount I owe to the United States as reimbursement under this contract. I understand that I may be deemed to have failed to comply with the terms and conditions of this contract *(breach of contract)* regardless of whether I knew that the failure violated the contract and regardless of whether the failure was the result of an act or omission on my part made with a specific intent to avoid responsibilities under the contract.

c. **FAILURE TO COMPLETE REQUIRED SERVICE OBLIGATION.** I understand and agree that if I voluntarily or because of misconduct fail to begin or fail to complete any period of active duty or duty in a reserve status not on active duty that I have incurred under this contract whether as an officer or an enlisted soldier, I will be required to reimburse the United States an amount of money, plus interest, that is equal to or bears the same ratio to the total cost of the financial assistance provided to me by the United States as the unserved portion of such duty bears to the total period of such duty I was obligated to serve.

d. **I AGREE THAT PENDING DISCHARGE FROM ROTC, I MAY NOT ENLIST.** I may not enlist in the active Army, another military service, or in a military service academy while I am a contracted ROTC cadet unless I am properly released from my ROTC cadet status.

e. **I AGREE THAT ANY OBLIGATION TO REIMBURSE WILL NOT BE ALTERED BY SUBSEQUENT ENLISTED DUTY.** If I am disenrolled from ROTC, I understand the Secretary of the Army, or his or her designee, retains the prerogative to either order me to active duty or order monetary repayment of my scholarship benefits. Therefore, if I am required to repay my advanced educational assistance under the terms of this contract, my subsequent enlistment in an Armed Service will not relieve me from my repayment obligation.

6. **ENLISTED ACTIVE DUTY SERVICE OBLIGATIONS.** If I am called to active duty for breach of contract under the provisions of paragraph 5, above, I will be ordered to active duty for one of the periods listed below, based upon the year during which the breach occurs -

a. During MS II, 2 years;

b. During MS III, 3 years;

c. During MS IV, 4 years;

d. After completion of MS IV, 4 years if I was a 2, 3, or 4-year scholarship recipient;

e. Scholarship recipients who are granted extended scholarship benefits beyond 4 years incur an additional active duty service obligation equivalent to the length of the extended period of scholarship benefits.

f. Any unexpired portion of my enlistment obligation remaining after such active duty must be served in a Reserve Component.

7. **LEAVE OF ABSENCE, SUSPENSION OR TERMINATION OF SCHOLARSHIP BENEFITS.** If my scholarship benefits are temporarily inactivated by a leave of absence or administrative suspension, or are terminated due to my failure to meet academic or military retention standards for scholarship cadets, as prescribed by law, Army regulation, or this contract; I will not be relieved of my obligation to the U.S. Army and my obligations under this contract remain in effect. If my ROTC scholarship contract is terminated for any reason, but I am qualified and am allowed to remain in the ROTC program as a nonscholarship cadet, I understand that I will not be required to reimburse the United States for any financial assistance I received provided that I successfully completed the ROTC program and all of the active duty and duty in a reserve status not on active duty for which I am obligated under the provisions of this scholarship contract.

8. **RELEASE FROM OBLIGATIONS.** I understand that the Secretary of the Army or his/her designee may at any time release me without notice from the obligations under this contract and disenroll me from the ROTC Program without further benefits hereunder if, in the opinion of the Secretary of the Army or his or her designee, it is in the best interest of the Army.

9. **COMPLIANCE WITH AND CHANGES IN ELIGIBILITY REQUIREMENTS.** I acknowledge that I have discussed the eligibility requirements pertaining to enrollment in ROTC, enlistment in the USAR or ARNG, and accepting a commission as an officer, with the PMS or other designated and authorized ROTC cadre member, and that I understand these requirements. I realize that these requirements may change in the future. I agree to keep myself apprised of all changes in requirements and to maintain my eligibility to participate in ROTC at all times in the future. I also agree to inform the PMS of any change in my eligibility *(medical and non-medical)* based on current or revised requirements as soon as I know or should have known of a change in my eligibility status. Failure to so advise the PMS may result in disenrollment. Nothing in this paragraph requires a disclosure in violation of the Department of Defense Homosexual Conduct Policy as addressed in AR 600-20.

10. **DECLARATION OF BANKRUPTCY.** I understand that the cost of my education under this program is, for all purposes, a debt owed to the United States and entered into voluntarily on my part which, under the provisions of Title 10, United States Code, Section 2005, Subsection *(d)*, may not voluntarily be discharged by my declaration of bankruptcy if less than five *(5)* years after the last day of the specified period of active duty.

11. **ORDER TO ACTIVE DUTY IN THE EVENT OF A WAR.** I understand that either as an enlisted member or as a commissioned officer in the Reserve Component of the Army of the United States or upon my transfer or assignment thereto, I may be ordered to active duty without my consent in the event of a war, a national emergency declared by Congress or the President, an order of the Selected Reserve to active duty authorized by the President, and as otherwise authorized by law, such call to active duty could be for the duration of a war or any period of time authorized by law.

12. **COMPLETE AGREEMENT AND SEVERABILITY.** I understand the provisions in the contract contain the only binding promises by and to both parties. This agreement controls over any conflicting advice or information that I may have received orally or in writing from Cadet Command, my PMS, other cadre, cadets or others regarding my obligations and agreements to the Army. If any provision within this agreement is determined to be invalid or unenforceable by a court of law, the remaining terms and agreements remain in full force and effect.

PART II - AGREEMENT OF SCHOLARSHIP CADET CONTRACTING IN THE SENIOR ROTC PROGRAM *(Continued)*	
N. HOME ADDRESS *(Include ZIP Code)*	O. SIGNATURE
	P. DATE *(YYYYMMDD)*

PART III - CONSENT OF PARENT OR GUARDIAN TO CONTRACT IN ROTC AND ENLIST IN THE U.S. ARMY RESERVE
(To be completed if applicant is under 18 years of age at time of contracting in the ROTC program)

13. I certify that I am the applicant's parent or legal guardian, and that the applicant's date of birth as shown above is correct.

14. I consent to applicant's enrollment in the ROTC and to enlistment in the USAR.

15. I have read and thoroughly understand the above statements of terms under which the applicant is being enrolled, including all statutes, directives, and regulations, incorporated by reference. I relinquish all claims to applicant's service and to any wages or compensation for such service. I understand that the applicant will be subject to all of the requirements and lawful commands of the officers who may from time to time be placed over the applicant, and I certify that no promise of any kind has been made to me concerning the applicant's assignment to duty or appointment as an officer as an inducement to me to sign this contract.

Q. SIGNATURE OF PARENT OR GUARDIAN	R. SIGNATURE OF WITNESS	S. DATE *(YYYYMMDD)*

PART IV - CONFIRMATION OF ENROLLMENT AS AN ROTC SCHOLARSHIP CADET
(And of Enrollment in the ROTC Program, If not previously enrolled)

16. On the basis of the above executed contract *(Part II), the above named* applicant's selection for the award of the financial assistance indicated *(Part I),* and the executed consent of the parent or guardian *(Part III)* if applicable, I have selected and enrolled this applicant as a cadet in the ROTC Program on the effective date of enrollment in item T.	T. EFFECTIVE DATE OF ENROLLMENT *(YYYYMMDD)*

PART V - FOR THE SECRETARY OF THE ARMY

U. NAME OF ROTC CONTRACTING OFFICIAL *(Print or Type)*	W. DATE *(YYYYMMDD)*
BURCH, ANTHONY T., LTC, EN PMS	
V. SIGNATURE OF ROTC OFFICIAL	

STATE OF LEGAL RESIDENCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.
PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/. M01040-3, Marine Corps Manpower Management Information System Records, located at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/.
DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial)	**2. DOD ID NUMBER**

3. LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT	**5.CURRENT MAILING ADDRESS** (Include Zip Code)	**6. DATE** (YYMMDD)

Prudential

Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance (SGLI) for the Uniformed Services of the United States. All coverage and beneficiary elections for members with full-time SGLI coverage should be maintained in SOES. This form should only be used in special circumstances as defined by the Uniformed Services.

1. About You

Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
Duty Location	**Branch of Service**	**Current Amount of SGLI**
University of Illinois at Urbana-Champaign, Champaign, IL 61820		$500,000

☐ Married ☐ Single

If married, spouse's name

Spouse's Date of Birth

2. About Your Coverage *This form replaces all prior designations.*

I am completing this form to: (Check all that apply)

- ☐ Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- ☐ Increase or restore my SGLI coverage to **$** _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < $100,000.)*
- ☐ Reduce my SGLI coverage to **$** _____. *You must complete sections 3 & 5.*
- ☐ Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*

" _____ **"**.

SGLI coverage is available in increments of $50,000 up to a maximum of **$500,000**. Traumatic Injury Protection (TSGLI) coverage is automatic with SGLI coverage.

3. About Your Beneficiaries *Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.*

Primary **Name and Address**	Social Security Number *(If available)*	Relationship to you	Share to each (%) – *The sum of shares must equal 100%. **Each share must be greater than 0%.***	Payment Option *(Lump sum* or 36 equal monthly payments)*
1.	☐☐☐ ☐☐ ☐☐☐☐			
2.	☐☐☐ ☐☐ ☐☐☐☐			
3.	☐☐☐ ☐☐ ☐☐☐☐			
4.	☐☐☐ ☐☐ ☐☐☐☐			

Secondary **Name and Address**	Social Security Number *(If available)*	Relationship to you	Share to each (%) – *The sum of shares must equal 100%.* ***Each share must be greater than 0%.***	Payment Option *(Lump sum* or 36 equal monthly payments)*
1.				
2.				
3.				
4.				

☐ **Have more beneficiaries?** Check this box if 1) You have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2) You are attaching additional documentation to complete your beneficiary designation noted above.

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than $5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health *Complete this section ONLY if you are restoring or increasing coverage.*

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Your sex ☐ Female ☐ Male

Have you had, been treated for, or had known indications of:	**Yes**	**No**
a. A heart condition?	☐	☐
b. High blood pressure?	☐	☐
c. A neurological disorder?	☐	☐
d. Diabetes?	☐	☐
e. Cancer or tumors?	☐	☐
f. Have you ever been diagnosed as having a disease of the immune system?	☐	☐
g. Do you have any known physical impairments, deformities, or ill health not covered above?	☐	☐

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature *You must complete this section.*

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) at the same time, but the combined amount cannot be more than $500,000. VGLI is renewable post-separation coverage available to Service Members who separate with SGLI coverage.
- Reducing SGLI coverage can affect the amount of my family coverage (FSGLI) and VGLI coverage (see instructions on page 4).
- By declining or canceling SGLI coverage, I am also declining family coverage (FSGLI) and Traumatic Injury Protection (TSGLI). I am also not eligible for any post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is…	and…	then…
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Service Member Signature	Social Security Number	Date Signed (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve ☐
Contact telephone/email	Disapprove ☐
Date	Date
Address	

Information for the Service Member

About your SGLI Coverage

Servicemembers' Group Life Insurance (SGLI) is granted under title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

The following charts provide information you should review before naming a beneficiary or selecting a payment option.

Naming Beneficiaries who will receive the insurance

If you . . .	Then . . .
are married and decline coverage upon entry into service	your spouse shall be notified in writing, by the Branch of Service, of this election.
are married and designate any person other than your spouse or child for any amount of insurance	your spouse shall be notified in writing, by the Branch of Service, that he/she or your child is not the named beneficiary, unless: – your spouse has been previously notified, OR – your spouse is not designated as beneficiary for any amount of insurance prior to the new election.
are married and your spouse is designated as beneficiary and you decline coverage or elect less than maximum coverage, and that election reduces your coverage from the automatic maximum or from a previously elected amount of coverage	your spouse shall be notified in writing of your election to decline or reduce coverage.
have any life event such as marriage, divorce, or children after completing this form	you should complete a new beneficiary form. Beneficiaries are not automatically changed by life events.
name more than one beneficiary	the sum of the shares must equal 100% or the full dollar amount of your insurance.
want to name more than four primary or secondary beneficiaries	you must complete the SGLI Supplemental Beneficiary Form, SGLV 8286S or attach additional documentation to complete your beneficiary designation.
name minors as beneficiaries	▪ OSGLI will pay the insurance benefit to the court-appointed guardian of the minor's estate if the beneficiary is a minor at time of claim; or ▪ you can establish a trust for the benefit of the minor and name the trustee of the trust as beneficiary. ▪ naming a trust as a beneficiary on this form does NOT create a trust.
name more than one primary beneficiary and one or more of them predeceases you	OSGLI will pay the shares equally among the remaining primary beneficiaries.
want to name a Trust as a beneficiary	you must create a trust. Please consult with a military attorney, professional financial planner, or estate planner to help you create Trust documents. (Please note: Do not send Trust documents to OSGLI until the time of claim.)
have no surviving primary beneficiaries	OSGLI will pay the insurance benefit to the secondary beneficiaries, if any.
do not name a beneficiary or there are no surviving primary or secondary beneficiaries OR indicate that payment should be made by law	OSGLI will pay the insurance benefit in the following order: 1. Widow or widower 2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child) 3. Parent(s) in equal shares or all to surviving parent 4. A duly appointed executor or administrator of your estate 5. Other next of kin

Payment Options

If you want the beneficiary to . . .	Then . . .
receive the insurance proceeds in one lump sum	write the phrase "lump sum" under Payment Options. If you elect a lump sum payment, your beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®*, by check, or Electronic Funds Transfer (EFT). *Alliance Account is not available for payments less than $5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.
receive the insurance proceeds in 36 equal monthly payments	▪ write "36" under the Payment Option. ▪ your beneficiary cannot change this payment option.
have a choice	write the phrase "lump sum" under Payment Option or leave blank.

Instructions for Personnel Clerk and the Service Member

1. A representative of the Uniformed Services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member after reviewing the following table:

If the service member…	The Personnel Clerk shall advise the service member…	Then the Personnel Clerk should…
has just entered the service	he or she is automatically insured for $500,000 SGLI, unless the service member declines or reduces coverage.	have the service member designate beneficiaries by completing SGLV 8286.
is increasing or restoring SGLI	he or she must complete Section 4, *About Your Health.*	▪ approve form if the responses to questions 4a through 4g are "No" and forward the form to payroll to change SGLI premium deductions. ▪ send form to OSGLI if any answer to questions 4a through 4g are "Yes." Only inform payroll when approved by OSGLI.
Reduces, declines, or cancels SGLI	▪ of the following, and furnish the member general information concerning – the purpose and role of life insurance in financial planning. – the difference between term life insurance and whole life insurance. – the availability of commercial life insurance. – the relationship between SGLI and VGLI. ▪ declining or canceling SGLI will also cancel Family SGLI—both spouse and dependent child coverage and Traumatic Injury Protection (TSGLI). The member will be ineligible to apply for VGLI. ▪ reducing SGLI may also impact FSGLI spouse coverage and will reduce the amount of VGLI available at separation.	▪ forward the form to payroll to change SGLI premium deductions. ▪ if canceling SGLI, have the service member complete SGLV 8286A to end payment of Family SGLI premiums. No form is required to end TSGLI premium deductions. ▪ if the member is married and reduces, declines, or cancels SGLI, inform the member that his her spouse shall be notified in writing, by the Branch of Service, of the member's election based on Title 38, USC 1967 (f).
gets married to another member of the uniformed services on or after January 2, 2013	spouse SGLI coverage is not automatic and the member may apply for spouse SGLI coverage by completing SGLV 8286A.	if the member wants spouse SGLI coverage, provide the member with SGLV 8286A, Spouse Coverage Election and Certificate, and follow the instructions therein.
is married or gets married after completing this form and is **not** married to another member of the uniformed services	▪ spouse SGLI automatically covers spouse. ▪ he or she must register their spouse in DEERS for payroll to deduct premiums. ▪ If the member wants to decline coverage or take a lesser amount of spouse coverage, the member must complete SGLV 8286A.	if applicable, forward the form to payroll to begin premium deductions for the spouse coverage.
has questions about this form	the advice of a military attorney is available at no expense.	direct them to the appropriate resource.
wants to designate more beneficiaries than the form allows	he or she must complete the Supplemental SGLI Beneficiary Form SGLV 8286S or attach additional documentation to complete your beneficiary designation.	attach the Supplemental Beneficiary Form to the SGLV 8286 or attach additional documentation to complete your beneficiary designation.
designates any person other than his/her spouse or child for any amount of insurance	▪ while the member is free to designate anyone he or she chooses as beneficiary, the member must certify that he or she is designating someone other than a spouse or child and the person named will receive the benefit. ▪ if the member is married, the member's spouse will be notified in writing, by the Branch of Service, that he/she or the member's child is not the named beneficiary, unless: – the spouse has been previously notified, OR – the spouse is not designated as beneficiary for any amount of insurance prior to the new election.	have the member sign SGLV 8286 to certify that he/she understands that: ▪ he/she is free to name anyone as beneficiary. ▪ if he/she designated someone other than his/her spouse or child as beneficiary, the person the member has named is the person he/she intends to receive the insurance proceeds. ▪ if married, the spouse will be notified that he/she (or any child) is not the designated beneficiary.

2. **After the form is completed, Personnel Clerk should:**

☐ File a copy in the member's official personnel file

☐ Provide a copy to the service member

☐ Provide a copy of the form to the payroll office for the member's unit

☐ Submit the form to OSGLI ONLY if the member is increasing or restoring SGLI coverage and answered "Yes" to one or more of the health questions

OSGLI
PO Box 41618
Philadelphia, PA 19176-1618

If a member is making a Beneficiary change only, the form DOES NOT have to be forwarded to

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Name: _____

FOREIGN LANGUAGE CHECKLIST

Cultural Awareness and Language for Lifelong Learning

Upon entry to the ROTC program, all Cadets will research languages and cultural regions of the world and choose one region, language and country/culture (RLC), in which to continue to study. Your chosen RLC "Statement of Intent" below will be filed with unit training records and become part of career/academic counseling and the Cadet's Life-Long-Learning plan. This information must be entered and updated as necessary annually NLT 31 October each year for all contracted Cadets.

Country: _____
(Region will be automatically selected based on the country)

Language: _____

NOTE: The language you choose does not necessarily have to be the language spoken in the country & region of choice. For example, you may be interested in an Arabic-speaking country, but Arabic may not be available at your college. French is a commonly-spoken language in many regions of the world from colonial times and may be a more viable alternative. If you still want to take Arabic, it is available via online courses such as Rosetta Stone or the Defense Language Institute's "Headstart-2" classes, or courses through Project GO or from another college you can attend during the summer or cross-enrollment during the year. This applies to other languages that you may want to study but are not available at your college.

Foreign Language Capability

Language: _____
Reading Level: ____ Writing Level: ____
Listening Level: ____ Speaking Level: ____
Overall Level: ____

Language: _____
Reading Level: ____ Writing Level: ____
Listening Level: ____ Speaking Level: ____
Overall Level: ____

Language: _____
Reading Level: ____ Writing Level: ____
Listening Level: ____ Speaking Level: ____
Overall Level: ____

Language Skill Level Key
1. NO USABLE SKILL
2. MINIMAL (Understand Only Bits and Pieces)
3. LIMITED (Basic Survival Skills)
4. FAIR (Understand Some Words and Phrases)
5. GOOD (Can Get Along Pretty Well With the Language)
6. EXCELLENT (Very Comfortable Using the Language)
7. FLUENT (Native/Near-Native Ability)

High School Language Experience

Language _____ _____ Semesters/Quarters/Years (Circle)

Language _____ _____ Semesters/Quarters/Years (Circle)

Language _____ _____ Semesters/Quarters/Years (Circle)

College Level Language Courses

Did you take any foreign language classes in college? (Circle) YES NO

DLAB / DLPT

If you took the Defense Language Aptitude Test (DLAB), bring in your certificate.

If you took the Defense Language Proficiency Test (DLPT), bring in your test results.
NOTE: You must have a score for reading, listening, and speaking on one exam to get credit for the DLPT. If you do not have a score for all three areas, the exam cannot be entered into your Cadet record.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpcld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR	6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR	7. DATE *(YYYYMMDD)*

2nd BDE DTS INFORMATION SHEET

All information must be completed legibly before it can be entered into DTS

SOCIAL SECURITY NUMBER:	
FIRST NAME:	
MIDDLE INITIAL:	
LAST NAME:	
E-MAIL ADDRESS OF PERSON ACTING AS TRAVELER:	usarmy.knox.usacc.list.bde2thepastateuhra @army.mil (must use mail.mil address)
HOME STREET ADDRESS:	
HOME CITY:	
HOME STATE AND ZIP:	
HOME PHONE NUMBER:	
DATE OF BIRTH:	(MM/DD/YYYY)
GENDER:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE#:	
HOST BATTALION NAME:	University of Illinois at Urbana-Champaign
GOVERNMENT TRAVEL CARD #:	
GOVERNMENT TRAVEL CARD EXPIR:	(MM/YYYY)
SCHOOL ADDRESS:	505 East Armory Avenue, Room 113
SCHOOL CITY:	Champaign
SCHOOL STATE:	IL
SCHOOL ZIP CODE:	61820
SCHOOL PHONE NUMBER:	217-244-1407
UNIT IDENTIFICATION CODE:	W0C832
CHOOSE ONE: CHECKING or SAVINGS	
ROUTING#: (9 DIGITS)	
ACCOUNT#:	

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, United States Code, Section 552a.

PRINCIPAL PURPOSE: To provide personal information for input into the Defense Travel System to facilitate travel on behalf of the Department of Defense.

ROUTINE USES: Information furnished is used in the conduct of official business for the United States Government. Information may be disclosed only to individuals who need this information to perform their official government duties.

DISCLOSURE: Furnishing the social security number, as well as other data is voluntary; however failure to do so may prevent or delay action on the applicant.

DO NOT TRANSMIT THIS FORM ELECTRONICALLY UNLESS ENCRYPTED

FASTSTART

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
- ☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
- ☐ Travel
- ☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)

- ☐ Savings (whole dollar amounts only)
- ☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

- ☐ SAVINGS
- ☐ CHECKING

ACTION (Check One)

- ☐ START
- ☐ CANCEL
- ☐ CHANGE

AMOUNT (Check One)

- ☐ INCREASE TO:
- ☐ DECREASE TO:

New Total $

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

✻EMPLOYEE'S SIGNATURE (MUST BE SIGNED BY THE CADET) DATE

6. AGENCY USE:

STATEMENT OF HEALTH AND MEDICAL EXAMINATION

For use of this form see AR 145-1; the proponent agency is DCS G-1.

PRIVACY STATEMENT

AUTHORITY: 10 USC 2104, Advanced Training Eligibility for; 10 USC 7013, Secretary of the Army; AR 145-1, Senior Reserve Officers Training Corps Program: Organization, Administration, and Training.

PRINCIPAL PURPOSE: To provide changes to a cadet's medical readiness since physical exam is in conjunction with MS III. For additional information see the System of Records Notice A0145-1 AHRC, Army Reserve Officer's Training Corps (ROTC) and Financial Assistance Programs (**https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/**).

NOTE: This system of records may contain individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however nondisclosure may result in disenrollment from SROTC and loss of related financial benefits and/or scholarships.

NAME	CADET ID Number
SCHOOL University of Illinois at Urbana-Champaign	DATE *(YYYYMMDD)*

The most recent medical examination I underwent in conjunction with enrollment in Army ROTC, or Attendance at Cadet Summer Training, or on my own at a Military Entrance Processing Station/Military Treatment Facility was on or about:

_____ at _____

Date *(Month/Year)* (Location/Facility *(DoDMERB/CST/MEPS/MTF)*

And to the best of my knowledge and belief there has been no change in my medical status since the accomplishment of this medical examination or since I last completed a DA Form 2453 except as noted below: *Note:* List ANY changes to medical condition(s); include any emergency room visits, surgeries, hospitalizations, treatment or counseling from mental health professional, unresolved medical condition(s) lasting longer than 45 days, medication usage lasting longer than 30 days, or insert "No change", as appropriate.

Failure to disclose any changes to your medical condition(s) since your last contracting/commissioning physical, or subsequent DA Form 2453 may result in repayment of scholarship or bonus funds expended on your behalf.

***Note to SROTC Programs: Any listed changes above require a medical determination sent through your brigade action officer to the Cadet Command Surgeon's Office for review. Exceptions to this include any type of birth control including placement/removal procedures, upper respiratory, urinary, gastrointestinal, and skin conditions that resolve within 45 days.

Signature *(Professor of Military Science)*	Signature *(Army ROTC Student/Cadet)*