

**2015-USMC SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY-2015**  
**\*\*SELECTION APPLICATION\*\***

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**MARINE CORPS RECRUITING COMMAND**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** PURSUANT TO 5 U.S.C. 552(A) PRIVACY ACT (PA), 10 U.S.C. 5042, 5 U.S.C. 301, 10 U.S.C. 503, MCO 1130.76B, MCO 1100.75F, MCO P1100.71A, MCO P1100.72C, MCRCO 1100.2, MCO 1100R.78A, MCRCO 1100.1, AND E.O. 9397 (SSN), AS AMENDED.

**PURPOSE:** THIS FORM SERVES AS THE PA NOTIFICATION FOR THE PERSONAL INFORMATION COLLECTED BY MARINE CORPS RECRUITING COMMAND, WHICH IS COLLECTED FOR OFFICIAL USE ONLY IN ORDER TO DETERMINE AND PROCESS AN INDIVIDUAL'S APPLICATION FOR THE MARINE CORPS SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY, AND TO FURTHER COMPILER DIRECTORY INFORMATION PERTAINING TO EACH STUDENT IN ACCORDANCE WITH 10 U.S.C. 503.

**ROUTINE USE:** IN ADDITION TO THOSE DISCLOSURES GENERALLY PERMITTED UNDER SECTION (B) OF THE PA, THE INFORMATION MAY SPECIFICALLY BE DISCLOSED OUTSIDE THE DoD AS ROUTINE USE COMPATIBLE WITH THE PURPOSES FOR WHICH THE INFORMATION IS COLLECTED AND MAINTAINED. THE DoD BLANKET ROUTINE USES APPLY TO THIS SYSTEM OF RECORDS. SEE, [HTTP://WWW.DOD.GOV/PUBS/FOI/PRIVACY/ROUTINE\\_USES.HTML](http://www.dod.gov/pubs/foi/privacy/routine_uses.html)

**DISCLOSURES:** PROVIDING THE REQUESTED INFORMATION IS **VOLUNTARY**. HOWEVER, FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN INELIGIBILITY FOR CONSIDERATION FOR THE MARINE CORPS SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY.

# 2015-USMC SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY-2015

## \*\*SELECTION APPLICATION\*\*

**INSTRUCTIONS:**

- A) **FILL OUT THIS ELECTRONIC FORM COMPLETELY AND IN ITS ENTIRETY.** FAILURE TO COMPLETE AND PRESENT THIS SELECTION APPLICATION TO THIS COMMAND (TO INCLUDE ANY MISSING INFORMATION) BY **2359-HOURS ON 15 APRIL 2015 WILL BE DISQUALIFIED.**
- B) ANY SELECTION APPLICATIONS PRESENTED TO THIS COMMAND AFTER BY **2359-HOURS ON 15 APRIL 2015 WILL NOT BE ACCEPTED NOR CONSIDERED.**
- C) THE SELECTION APPLICATION **MUST** INCLUDE THE FOLLOWING:

<input type="checkbox"/> APPLICATION	<input type="checkbox"/> HIGH SCHOOL TRANSCRIPT	<input type="checkbox"/> LETTER FROM YOUR PARENTS AUTHORIZING COLLECTION OF PERSONAL IDENTIFIABLE INFORMATION (PII)
<input type="checkbox"/> LETTER OF RECOMMENDATION(S) <small>(MINIMUM OF 1, BUT NO MORE THAN 3)</small>	<input type="checkbox"/> SCHOOL SPORTS PHYSICAL ACTIVITY FORM <small>(MUST BE SIGNED BY A PHYSICIAN)</small>	<input type="checkbox"/> MEDIA RELEASE FORM <small>(HOMETOWN MEDIA RELEASE FORM)</small>
<input type="checkbox"/> WAIVER OF LIABILITY FOR MINORS	<input type="checkbox"/> ESSAY	<input type="checkbox"/> FULL BODY PHOTOGRAPH

ONCE YOU HAVE COMPLETED THIS APPLICATION, SAVE IT AS A PDF FILE(Ex: SLCDA15RODGERS.PDF), PRINT, SIGN, SCAN PAGES #4 & 6, EMAIL THE ENTIRE FILE OR FILES (NO LATER THAN 2359, 15 APRIL 2015) TO: [SLCDA@MARINES.USMC.MIL](mailto:SLCDA@MARINES.USMC.MIL) .

<b>E</b>	<b>LEGAL NAME</b> (LAST, FIRST, MIDDLE)	<b>DATE OF BIRTH</b> (MM/DD/YYYY) <small>(YOU MUST BE AT LEAST 16 YEARS OLD BY 19 JULY 2015)</small>	<b>GENDER</b>
			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

<b>F</b>	<b>CITIZENSHIP TYPE</b> <small>(US CITIZEN, NATURALIZED CITIZEN, LEGAL IMMIGRANT ALIEN)</small>	<b>HEIGHT</b> (INCHES) <b>WEIGHT</b> (POUNDS)	<b>PLACE OF BIRTH</b> <small>(CITY/STATE OR COUNTRY, IF NOT USA)</small>

<b>G</b>	<b>RACE</b> <small>(YOU MAY DECLINE TO ANSWER, PLEASE STATE "DECLINE", BUT IF YOU DO ANSWER, WE ASK THAT YOU ARE TRUTHFUL SO THAT WE CAN BE STATISTICALLY ACCURATE)</small>	<b>CONTACT INFORMATION</b>	<b>STANDARDIZED TEST SCORES</b> <small>(IF YOU HAVE TAKEN THEM)</small>
	<input type="checkbox"/> AF AM <input type="checkbox"/> HISP <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> DECLINE	<b>A) PARENTS/LEGAL GUARDIAN'S NAME:</b> <b>B)</b>	____ <b>PSAT</b> ____ <b>SAT</b> (MATH READING) ____ <b>ACT</b> (MATH/ENGLISH) ____ <b>CLASS RANK</b> (PERCENTILE/RAW NUMBER) ____

<b>H</b>	<b>HOME ADDRESS</b>	<b>STUDENT'S E-MAIL:</b> <b>PARENTS' E-MAIL:</b>	<b>CURRENT HIGH SCHOOL YOU ARE ATTENDING</b> <small>(NAME OF HIGH SCHOOL, CITY AND STATE)</small>
	<b>STREET:</b> <b>CITY:</b> <b>ZIP CODE</b>	<b>STUDENT CELL#</b> <b>HOME#</b> <b>PARENTS CELL#</b>	<b>CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE (GPA):</b>

<b>I</b>	<b>LEADERSHIP ACTIVITIES</b> (POSITION AND BRIEF DESCRIPTION)	<b>ATHLETIC PARTICIPATION</b> (SPORTS)	<b>CIVIC ORIENTED/VOLUNTEER SERVICE PARTICIPATION</b>
	A)	A)	A)
	B)	B)	B)
	C)	C)	C)

<b>J</b>	<b>EXTRA-CURRICULAR ACTIVITIES NOT PREVIOUSLY NOTED</b> <small>(I.E. PART TIME WORK (INCLUDE HOURS PER WEEK)/CLUBS)</small>	<b>SPECIAL RECOGNITION</b> (ALL-COUNTY/STATE)	<b>AWARDS</b>
	A)	A)	A)
	B)	B)	B)
	C)	C)	C)

<b>K</b>	<b>PHYSICAL EVALUATION TEST (PET)</b> <small>(MUST BE ADMINISTERED BY YOUR GYM COACH COMPLETE SIGNATURE BLOCK ON Pg #3)</small>	<b>UNIFORM SIZE REQUEST:</b> <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> X-LG	<b>ESSAY (250 WORD ESSAY)</b> <b>TOPICS:</b>
	<b>1.5 MILES RUN TIME:</b> <b>PULL-UPS (MEN):</b> <b>FLEX ARM HANG TIME (FEMALE):</b>	<b>T-SHIRT</b> <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> X-LG	<b>WHAT DOES LEADERSHIP MEAN TO YOU?</b> <b>WHAT IS CHARACTER AND WHAT DOES IT MEAN TO "HAVE INTEGRITY"?</b>

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WRITE ESSAY BELOW, (250 WORDS ONLY):

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**MEDIA RELEASE FORM**

I, \_\_\_\_\_ (SELECTEE NAME) AM VISITING MARINE CORPS BASE QUANTICO AND ATTENDING THE 2015 SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY (SLCDA). THE VISIT SCHEDULE ENTAILS ATTENDING ACADEMIC CLASSES, PRACTICAL APPLICATIONS, PHYSICAL TRAINING, AND FIELD TRIPS.

THROUGHOUT THE DURATION OF THE SLCDA, THERE ARE OPPORTUNITIES FOR PHOTOGRAPHIC COVERAGE OF STUDENTS PARTICIPATING IN THE SLCDA ACTIVITIES TO INCLUDE PHYSICAL TRAINING AND LEADERSHIP EXERCISES. THESE PHOTOS COULD BE USED FOR MEDIA COVERAGE OF THIS EVENT, AS WELL AS FOR PROMOTIONAL MATERIALS TO ASSIST MARKETING SLCDA TO HIGH SCHOOLS IN FUTURE YEARS.

I HEREBY GIVE PERMISSION FOR PHOTOGRAPHIC COVERAGE BY MARINE CORPS PUBLIC AFFAIRS PERSONNEL OF MY INVOLVEMENT AND PARTICIPATION IN THESE ACTIVITIES. IF UNDER THE AGE OF 18, PARENTAL (OR GUARDIAN) SIGNATURE(S) ARE REQUIRED.

PLEASE SAVE, PRINT & SCAN THIS COMPLETED DOCUMENT FORWARD IT WITH THE APPLICATION DOCUMENTS (NO LATER THAN 2359, 15 APRIL 2015) TO:  
[SLCDA@MARINES.USMC.MIL](mailto:SLCDA@MARINES.USMC.MIL).

\_\_\_\_\_  
(SIGNATURE AND DATE, SELECTEE)  
\_\_\_\_\_  
(SIGNATURE AND DATE, PARENT/GUARDIAN)

**PRESS ADVISORY**  
**UNITED STATES MARINE CORPS**  
**MARINE CORPS RECRUITING COMMAND**

DATE: JULY 19<sup>TH</sup>, 2015  
CONTACT: MCRC PA  
TELEPHONE: (703) 784-9454

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**YOUTH LEADER ATTENDS FOURTH ANNUAL USMC SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY**

**MARINE CORPS RECRUITING COMMAND** (JULY 19<sup>TH</sup>, 2015) - **FIRST M. LAST NAME:** \_\_\_\_\_ WILL ATTEND THE FOURTH ANNUAL MARINE CORPS RECRUITING COMMAND SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY AT MARINE CORPS BASE QUANTICO, JULY 19<sup>TH</sup> - 25<sup>TH</sup> 2015.

THE SLCDA WILL EDUCATE HIGH SCHOOL LEADERS ABOUT MARINE CORPS OFFICER PROGRAMS BY PARTICIPATING IN CLASSROOM ACADEMICS, ETHICS TRAINING, ACCELERATED COLLEGE PREP, PHYSICAL FITNESS TRAINING, FIELD EXERCISES, COMMUNITY SERVICE PROJECTS AND A FIELD TRIP TO WASHINGTON, D.C. FOR MORE INFORMATION, CONTACT MCRC PA: MAJOR STUART FUGLER, DIRECTOR ([STUART.FUGLER@MARINES.USMC.MIL](mailto:STUART.FUGLER@MARINES.USMC.MIL)) (703) 784-9454, JIM EDWARDS, DEPUTY ([JAMES.EDWARDS@MARINES.USMC.MIL](mailto:JAMES.EDWARDS@MARINES.USMC.MIL)), MASTER SERGEANT BRYCE R. PIPER, CHIEF ([BRYCE.PIPER@MARINES.USMC.MIL](mailto:BRYCE.PIPER@MARINES.USMC.MIL)).

I HEREBY CONSENT TO THE RELEASE OF THE INFORMATION CONTAINED IN THE ENCLOSED APPLICATION TO BE USED FOR CONSIDERATION OF MY SON OR DAUGHTER'S APPLICATION TO ATTEND THE 2015 SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY. THIS INFORMATION WILL ONLY BE USED BY MARINE CORPS RECRUITING COMMAND.

DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**PHYSICAL EVALUATION TEST (PET)**

VERIFIED BY: \_\_\_\_\_  
PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
PRINTED NAME AND TITLE: \_\_\_\_\_

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**2015-USMC SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY-2015**  
**\*\*SELECTION APPLICATION\*\***

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**WAIVER OF LIABILITY**  
**FOR**  
**PARTICIPANTS UNDER THE AGE OF 18**  
**IN ACTIVITIES AND OTHER EVENTS**  
**ABOARD**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA**

WE HEREBY REQUEST THAT OUR CHILD, \_\_\_\_\_, BE PERMITTED TO TAKE PART IN THE **MARINE CORPS RECRUITING COMMAND 2015 SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY**, HEREINAFTER THE **MCRC SLCDA**, EVENTS AND ACTIVITIES TO BE HELD ABOARD MARINE CORPS BASE, QUANTICO (MCBQ), VIRGINIA, DURING THE DATES OF **19-25 JULY 2015** UNDER THE DIRECTION OF THE **MCRC SLCDA**. I UNDERSTAND THAT MY CHILD'S PARTICIPATION IN THE ACTIVITIES OF THE **MCRC SLCDA** WILL INVOLVE ACCESS TO MCBQ, AN ACTIVE MILITARY BASE WHICH CONSISTS OF MARINE CORPS BASE RANGES AND TRAINING AREAS.

I UNDERSTAND THE FOLLOWING THREE CAUTIONS WITH REGARD TO MCBQ:

1. ALL RANGES AND TRAINING AREAS, INCLUDING RECREATIONAL FIELDS, ARE DESIGNED FOR AND USED BY THE MARINE CORPS FOR TRAINING ITS PERSONNEL IN THE DEADLY ART OF INDIVIDUAL AND UNIT COMBAT.
2. RANGES AND TRAINING AREAS HAVE BEEN SUBJECT TO COUNTLESS TRAINING EXERCISES THAT MAY WELL HAVE INVOLVED THE USE OF AMMUNITION AND PLACEMENT OF MANMADE OR NATURAL OBSTACLES WHICH, IF TRIGGERED OR ENCOUNTERED BY OR DURING PHYSICAL PRESENCE ON THE RANGES/TRAINING AREAS, COULD RESULT IN SERIOUS BODILY INJURY OR DEATH TO MY CHILD.
3. RANGE AND TRAINING AREA CONDITIONS ARE OFTEN AGGRAVATED BY THE WEATHER SUCH THAT EXTREME HEAT, HUMIDITY, COLD, WIND, OR WET WILL INCREASE THE LIKELIHOOD OF PHYSICAL DANGER AND EXPOSURE TO SERIOUS BODILY INJURY, SICKNESS, ACCIDENT, OR DEATH.

I UNDERSTAND THAT CERTAIN ACTIVITIES, INCLUDING PHYSICAL FITNESS OR SPORT ACTIVITIES, MAY CAUSE INJURIES ASSOCIATED WITH PHYSICAL FITNESS TRAINING LIKE MUSCLE SPRAINS OR STRAINS, TENDON PULLS, DISLOCATION OF JOINTS, BROKEN BONES, AND INJURIES ASSOCIATED WITH PHYSICAL CONTACT WITH OTHER PARTICIPANTS, AND INJURIES FROM PLAYING CONDITIONS, TO INCLUDE FIELD CONDITIONS AND THE INHERENT DANGERS ASSOCIATED WITH ENVIRONMENTAL CONDITIONS.

I FURTHER UNDERSTAND THAT THE **MCRC SLCDA** WILL PROVIDE SEVERAL EVENTS OR ACTIVITIES INVOLVING THE RISKS DESCRIBED ABOVE AND I VOLUNTARILY ASSUME FOR ME, AND ON BEHALF OF MY CHILD, THE SPECIFIC RISKS ASSOCIATED WITH OBSERVING OR PARTICIPATING IN THESE EVENTS OR ACTIVITIES.

IN SPITE OF MY FULL KNOWLEDGE OF THE RISKS INVOLVED IN ALLOWING MY CHILD TO OBSERVE AND/OR PARTICIPATE IN THE **MCRC SLCDA'S** ACTIVITIES AND, IN CONSIDERATION OF THE PRIVILEGE FOR MY CHILD TO PARTICIPATE IN THE **MCRC SLCDA'S** ACTIVITIES TO BE HELD ABOARD MCBQ, I DO HEREBY FREELY AND VOLUNTARILY, AND INTENDING TO BE LEGALLY BOUND, ACCEPT ALL RISKS ASSOCIATED WITH THESE ACTIVITIES AND WAIVE ANY AND ALL RIGHTS TO ANY CLAIMS OR DEMANDS OR ANY OTHER ACTIONS WHATSOEVER, INCLUDING THOSE ATTRIBUTABLE TO NEGLIGENCE FOR DAMAGES DUE TO ACCIDENT, INJURY, OR DEATH RESULTING FROM OBSERVATION AND/OR PARTICIPATION OF MY CHILD IN ANY OF THE **MCRC SLCDA'S** ACTIVITIES, FOR ME, MY CHILD, MY SPOUSE, MY HEIRS, EXECUTORS, ADMINISTRATORS, OR LEGAL REPRESENTATIVES OF ME OR MY CHILD'S ESTATE, OR ANYONE ELSE ON MINE OR MY CHILD'S BEHALF, WHICH I OR MY CHILD MAY HAVE AGAINST ANY OF THE FOLLOWING: THE UNITED STATES OF AMERICA, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, MARINE CORPS COMBAT DEVELOPMENT COMMAND, MARINE CORPS BASE, QUANTICO, MARINE CORPS RECRUITING COMMAND OR ANY AND ALL INDIVIDUALS ASSIGNED TO OR EMPLOYED BY THE UNITED STATES, TO INCLUDE, BUT NOT LIMITED TO, THE SECRETARY OF THE NAVY, THE COMMANDANT OF THE MARINE CORPS, THE COMMANDING GENERAL OF THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, THE COMMANDING GENERAL OF MARINE CORPS RECRUITING COMMAND OR THE COMMANDER OF MARINE CORPS BASE, QUANTICO, IN BOTH THEIR OFFICIAL AND PERSONAL CAPACITIES, OR ANY MEDICAL PERSONNEL OR THEIR REPRESENTATIVES, SUCCESSORS, OR ASSIGNS DESIGNATED THERETO.

I UNDERSTAND THAT THE ABOVE LANGUAGE MEANS I HAVE ABANDONED ANY RIGHTS I MAY HAVE OR ANY RIGHTS ANYONE ASSOCIATED WITH ME MAY HAVE, THROUGH LEGAL OR FRIENDSHIP OR FAMILY TIES, TO SUE THE FEDERAL GOVERNMENT FOR ANY INJURY THAT MY CHILD MAY SUSTAIN BECAUSE OF PARTICIPATION IN ANY OF THE **MCRC SLCDA'S** ACTIVITIES THAT RESULT IN ANY DAMAGE WHATSOEVER TO MY CHILD, MY CHILD'S PROPERTY, OR IN MY CHILD'S DEATH. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THE FEDERAL GOVERNMENT, OR ANY AGENCY OR EMPLOYEE THEREOF, IS NOT LIABLE FOR ANY INJURY I OR MY CHILD MAY SUSTAIN, TO INCLUDE DEATH, AS A RESULT OF PARTICIPATION IN, OBSERVATION OR ATTENDANCE OF THE **MCRC SLCDA'S** ACTIVITIES. BY SIGNING THIS DOCUMENT, I EFFECTIVELY AND COMPLETELY ASSUME ALL RISK ASSOCIATED WITH THE **MCRC SLCDA'S** ACTIVITIES.

LASTLY, I UNDERSTAND THAT SHOULD I DECLINE TO EXECUTE THIS WAIVER OF LIABILITY, I OR MY CHILD WILL NOT BE PERMITTED TO ATTEND, OBSERVE OR PARTICIPATE IN THE **MCRC SLCDA'S** ACTIVITIES OR EVENT(S) TO BE HELD ABOARD MCBQ.

**2015-USMC SUMMER LEADERSHIP AND CHARACTER DEVELOPMENT ACADEMY-2015**  
**\*\*SELECTION APPLICATION\*\***

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**WAIVER OF LIABILITY**  
**FOR**  
**PARTICIPANTS UNDER THE AGE OF 18**  
**IN ACTIVITIES AND OTHER EVENTS**  
**ABOARD**  
**MARINE CORPS BASE, QUANTICO, VIRGINIA** (CON'T)

PLEASE READ CAREFULLY BEFORE SIGNING

BY VIRTUE OF MY SIGNATURE, I ACKNOWLEDGE AND AGREE TO ALL TERMS AND  
CONDITIONS SET FORTH ON THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT I HAVE  
CAREFULLY READ THIS DOCUMENT IN WHOLE AND UNDERSTAND WHAT I AM SIGNING.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

\_\_\_\_\_  
PRINTED NAME OF MOTHER/FATHER/LEGAL GUARDIAN (PLEASE CIRCLE ONE)

ON BEHALF OF

\_\_\_\_\_  
PRINTED NAME OF CHILD DATE

HEALTH INSURANCE COVERAGE (INITIAL THE APPROPRIATE LINE):

We **DO NOT** HAVE HEALTH INSURANCE COVERAGE \_\_\_\_\_ (HAND WRITTEN INITIALS)

We **DO** HAVE HEALTH INSURANCE COVERAGE \_\_\_\_\_ (HAND WRITTEN INITIALS)

\_\_\_\_\_  
NAME OF INSURANCE PROVIDER POLICY #

\_\_\_\_\_  
UNIT SENIOR REPRESENTATIVE SIGNATURE (MCRC PERSONNEL ONLY) DATE

EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
NAME E-MAIL PHONE NUMBER/S ADDRESS

\_\_\_\_\_  
NAME E-MAIL PHONE NUMBER/S ADDRESS

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████████████████████████████████████████████████████████████████████████████████

SAMPLE FULL BODY PHOTOGRAPH

SUMMER LEADERSHIP CHARACTER DEVELOPMENT ACADEMY 2015

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