

APPENDIX G

MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET

LAST NAME, FIRST, MI		FULL SSN		RANK/PMOS		EAS(YMMDD)		MARITAL STATUS		RACE	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DOB(YMMDD)		RELIGION				CITIZENSHIP			
HOME OF RECORD ADDRESS: (INCLUDE COUNTY)				EMAIL				DTE OF PRGM ENTRY (board/msg date)			
				PHONE							
UNIT ADDRESS		PROGRAM		<input type="checkbox"/> NROTC NAVY		<input type="checkbox"/> CIVILIAN		<input type="checkbox"/> NAVAL ACADEMY			
		(CHECK		<input type="checkbox"/> NROTC MARINE		<input type="checkbox"/> ECP/RECP		<input type="checkbox"/> AIR FORCE ACAD			
		ALL THAT		<input type="checkbox"/> COLLEGE PROGRAM		<input type="checkbox"/> MECEP		<input type="checkbox"/> WEST POINT			
		APPLY)		<input type="checkbox"/> SCHOLARSHIP		<input type="checkbox"/> MCP-R		<input type="checkbox"/> USMMA			
ACAD MAJOR/EDUC LEVEL		CUMGPA		SEM GPA		GRAD DATE		PROJ COMM DATE		COLLEGE	
PFT SCORE	PU	CRUNCHES	RUN	HT(INCH)/WT	BF%	PFT DATE	CFT SCORE	CFT DATE			
SAT MATH		CR	TOTAL	COMPOSITE ACT		AFQT	ASTB	PROJ/COMP OCS			
EXTRACURRICULAR ACTIVITIES/BILLETS HELD											
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES											
RELATIONSHIP			RANK		BRANCH OF SERVICE			STATUS			
*IF YOU ANSWER "YES" TO ANY OF FOLLOWING QUESTIONS, ATTACH A HAND-WRITTEN STATEMENT ON THE ADDENDUM PAGE OR USE THE MINOR TRAFFIC PAGE, NON-TRAFFIC ARREST FORM OR DRUG FORM (WHERE APPLICABLE) EXPLAINING THE SPECIFIC CIRCUMSTANCES (WHEN, WHERE, WHY, HOW MANY, ETC. AND CURRENT STATUS)										YES	NO
1. Have you ever applied or been a member of any other officer program (PLC, OCC, NROTC, ECP , MECEP , MCP-R, RECP, or Service Academy)?											
2. Have you ever failed any military flight training program?											
3. Have you previously applied for any other branch of the Armed Forces? Were you rejected?											
4. Have you ever claimed or been granted a pension, disability allowance, compensation, or retired pay from the Federal Government?											
5. Are you a "sole survivor"? (All other siblings and or parents have died/captured/MIA in combat)											
6. Have you ever been cited, arrested, convicted or sentenced by a law enforcement activity, regardless of final adjudication? (If yes, provide the minor traffic page and/or non-traffic arrest form with supporting documentation or police record check.)											
7. Have you ever received a suspended sentence by a court?											
8. Have you ever been in jail, reform school, or penitentiary?											
9. Are you now, or have you ever been on parole, probation, suspension, or other forms of restraint (from law enforcement)?											
10. Are you a conscientious objector?											
11. Have you ever been psychologically or physically dependent upon any drugs or alcohol?											
12. Have you ever used or been a trafficker of non-prescribed or illegal drugs? (If yes, provide drug statement form with a detailed statement.)											
13. Do you qualify for permanent restrictions assignments? (Family member, kin, 100% disability while serving in hostile fire area.)											
14. Do you or have you ever had any tattoos, body piercings, ornamentation, or brandings and body mutilations? (Provide description, date received, location, and color photos of all tattoo(s) and/or brandings along with tattoo screening form and tattoo statement of understanding.)											
15. If prior enlisted, do you have any previous approved enlisted waivers?											
I certify that the information contained in the application is true, complete and correct to the best of my knowledge and belief. I understand that knowing and willful false statements on this form can be punished by a fine or imprisonment or both. (See U.S. Code Title 18, Section 1001).											
Member's Signature						Commissioned Officer's Signature:					
Date						Date					

(REV Feb 2021; All Previous Revisions are Obsolete)

(Instructions on Page 3)

Privacy Act Statement

AUTHORITY: Title 10 U.S. Code §§ 531 and 591

PURPOSE: To determine the eligibility of applicants to enlisted to officer commissioning programs. Disclosure of Social Security Account Number is mandatory and is used to further identify the individual providing the information.

ROUTINE USES: The information is used for the purpose set forth above and may be:

- Forwarded to the respective programs officer selection boards;
- Reviewed by multiple entities in the service member's chain of command.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

For Military Personnel: Disclosure of personal information is mandatory and failure to do so disqualifies the applicant's application.

ACKNOWLEDGMENT:

I understand the provisions of the Privacy Act of 1974 as related to me through the foregoing statement.

Signature: _____

Date: _____

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INSTRUCTIONS ON FILLING OUT THE MCRC REGULAR OFFICER (ON/E) APPLICATION AND PROGRAM INFORMATION SHEET (MUST BE TYPED)

NAME	As it appears on birth certificate (married name for females)
SSN	Full SSN as it appears on Social Security Card (do not use EDIPI/DOD ID #)
RANK/PMOS	For MIDN: 1/C, 2/C, 3/C or 4/C. For Marines: Rank and Primary MOS
EAS	End of Active Service: Marines only.
MARITAL STATUS	Single, Married, Annulled, Divorced, Separated, Widowed
RACE	See Race Codes on MCRC ON/E Website
SEX	MALE or FEMALE
DOB	Date of Birth as it shows on birth certificate in YYMMDD format.
RELIGION	See Religion Codes on MCRC ON/E Website or NONE
CITIZENSHIP	US BORN, NATURALIZED, FOREIGN BORN TO US PARENTS, ETC., FOREIGN NATIONAL
HOME OF RECORD	Address as it is shown on enlistment contract. MUST INCLUDE COUNTY
EMAIL	Personal email address, cannot be a .edu address
PHONE	Personal phone number to include area code
DATE OF PROGRAM ENTRY	Leave Blank. MCRC personnel will fill out for application purposes. MOIs will fill out prior to the Request for Appointment
UNIT ADDRESS	NROTCU/parent command mailing address for official correspondence
PROGRAM	Current status or program applying for as applicable
ACAD MAJOR/EDU LEVEL	Major in current studies or degree and/or what was the highest level of education completed
CUMGPA	Cumulative grade point average (GPA) for completed college classes. Include calculated GPA if more than one college has been attended
SEM GPA	Last completed semester/quarter GPA
GRAD DATE	Date of degree completion in YYMMDD format
PROJ COMM DATE	Leave Blank
COLLEGE	Name of school attended if degree completed (MECEP board applicants leave blank)

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PFT SCORE	Marine Corps Physical Fitness Test total points
PULL UPS/ PUSH UPS	Pull ups/ Push ups (total)
CRUNCHES/PLANKS	Total number or time
RUN	3 mile run time in minutes and seconds (18:00)
HT(INCH)/WT	Height in inches (71)/weight in pounds (180)
BF%	Body fat percentage if over height/weight standards per MCO
PFT DATE	Date of most current PFT in YYMMDD format
CFT SCORE	Marine Corps Combat Fitness Test score if taken
CFT DATE	Most Current date CFT was taken in YYMMDD format
SAT (MATH/CR) TOTAL	Most recent Scholastic Aptitude Test scores (Combined Math and Critical Reading totals only), scores must be from same test (if taken)
COMPOSITE ACT	Most recent test composite score only (if taken)
AFQT	Armed Forces Qualification Test portion of the Armed Services Vocational Aptitude Battery test Score (if taken)
ASTB	Aviation Selection Test Battery scores (if taken)
PROJ/COMP OCS	Leave Blank
EXTRACURRICULAR ACTIVITIES/BILLETS HELD (If applicable)	
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES (If applicable)	
QUESTIONS 1 to 15 - All "YES" answers must have a detailed statement or use the minor traffic page, non-traffic arrest form or drug form (where applicable) explaining the specific circumstances (when, where, why, how many, etc and current status (Marines: "located in SRB or previously waived upon enlistment" is not an acceptable answer as additional review is required)	
MEMBER'S SIGNATURE	Applicant or participant signature certifying the information
COMMISSIONED OFFICER'S SIGNATURE	Authorized officer certifying that form is complete and all requirements were fulfilled.
PRIVACY ACT STATEMENT	Applicant or participant signature and dated

WHEN COMPLETED (SIGNATURES, AND AMPLIFYING INFORMATION), PRINT PAGES 1-2 AND SUBMIT (AS APPROPRIATE); DO NOT SUBMIT INSTRUCTIONS

ADDENDUM PAGE
MCRC APPLICATION/INFO SHEET FOR REGULAR OFFICER PROGRAMS (ON/E)

Applicant's Statement to explain all "YES" answers:

Applicant Signature

DATE: _____

Officer Signature

DATE: _____