





DEPARTMENT OF THE NAVY

NROTC UNIT

STREET

CITY, STATE ZIP CODE

1533  
Ser #  
CO

SECOND ENDORSEMENT on MIDN X/C L.NAME, F. NAME MI ltr dtd DD Month YR

From: Commanding Officer, NROTC Unit

To: Commanding General, Marine Corps Recruiting Command

Subj: NOMINATION FOR FY26 SIDELOAD 1 YG XX <COO, NSTC CS, AS> ICO MIDN  
X/C L.NAME, F.NAME MI

Ref: (a) OMM XX/XX

Encl: (1) SL1 Application

1. Forwarded, recommended with enthusiasm, confidence, reservation. <DO NOT FORWARD DISAPPROVAL RECCOMENDATION>

2. Midshipman (MIDN) L.NAME performance at NROTC Unit has been "comment". I rank him/her as number X out of X MIDN competing for a YG XX <COO, NSTC CS, AS> scholarship. I rank him/her as number X of the X MIDN in the class of YEAR or NROTC UNIT.

3. Any other information the CO may want to express.

4. Point of contact for this matter is

I. M. COMMANDING



DEPARTMENT OF THE NAVY

NROTC UNIT

STREET

CITY, STATE ZIP CODE

1533  
Ser #  
MOI

FIRST ENDORSEMENT on MIDN X/C L.NAME, F. NAME MI ltr dtd DD Month YR

From: Marine Officer Instructor / Assistant Marine Officer Instructor, NROTC Unit

To: Commanding General, Marine Corps Recruiting Command

Via: Commanding Officer, NROTC Unit

Subj: NOMINATION FOR FY26 SIDELOAD 1 YGXX<COO, NSTC CS, AS> ICO MIDN  
X/C L.NAME, F.NAME MI

Ref: (a) OMM XX/XX

Encl: (1) SL1 Application

1. Forwarded, recommended with enthusiasm, confidence, reservation. <DO NOT FORWARD DISAPPROVAL RECCOMENDATION>

2. Midshipman (MIDN) L.NAME performance at NROTC Unit has been "comment". I rank him/her as number X out of X MIDN competing for a YGXX<COO, NSTC CS, AS> scholarship. I rank him/her as number X of the X MIDN in the class of YEAR or NROTC UNIT.

3. Any other information the MOI may want to express.

4. Point of contact for this matter is

I. M. COMMANDING



DEPARTMENT OF THE NAVY

NROTC UNIT

STREET

CITY, STATE ZIP CODE

1533

Ser #

DATE

From: Midshipman X/C First Name MI Last Name

To: Commanding General, Marine Corps Recruiting Command

Via: (1) Commanding Officer, NROTC Unit

(2) Marine Officer Instructor / Assistant Marine Officer Instructor, NROTC Unit

Subj: NOMINATION FOR FY26 SIDELOAD 1 YG XX < COO, NSTC CS, AS ICO MIDN  
X/C L.NAME, F.NAME MI

Ref: (a) OMM XX/XX

Encl: (1) MCRC Naval & Enlisted Programs (ON/E) Information Sheet  
(2) Tattoo Screening Form & Tattoo Statement of Understanding  
(3) Student Essay  
(4) Official College Transcripts  
(5) Officer Candidate School Statement of Understanding  
(6) Degree Completion Plan

1. I desire to be considered for a YG XX < COO, NSTC CS, AS scholarship on the Fiscal Year 2026 Sideload #1.

2. I am or not enrolled in the Marine Corps Naval Science Course(s), dating from the fall/spring semester of academic year ####.

I. M. NAME

**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 <b>ever</b> applied or been a member of any other officer program (PLC, OCC, NROTC, <b>ECP</b> , <b>MECEP</b> , MCP-R, RECP, or Service Academy)?													
2. Have you <b>ever</b> 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 <b>ever</b> 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 <b>ever</b> received a suspended sentence by a court?													
8. Have you <b>ever</b> been in jail, reform school, or penitentiary?													
9. Are you now, or have you <b>ever</b> been on parole, probation, suspension, or other forms of restraint (from law enforcement)?													
10. Are you a conscientious objector?													
11. Have you <b>ever</b> been psychologically or physically dependent upon any drugs or alcohol?													
12. Have you <b>ever</b> 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 <b>ever</b> 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 <b>any</b> 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: \_\_\_\_\_

**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: \_\_\_\_\_

## **DRUG STATEMENT FOR ENLISTED TO OFFICER/NROTC APPLICANTS**

If the answer to block 14 of "MCRC Regular Officer Programs (ON/E) Application and Program Information Sheet" is "YES", set forth the full circumstances below, including approximate times, amounts taken, and period over which taken.

a. Type of drug (or drugs) used: \_\_\_\_\_

b. Approximate number of times used: \_\_\_\_\_

c. Amounts taken: \_\_\_\_\_

d. Methods by which taken: \_\_\_\_\_

e. Inclusive dates of use (be specific): \_\_\_\_\_

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

\_\_\_\_\_

g. Circumstances under which the drug use occurred (attach additional sheets if necessary):

\_\_\_\_\_  
(Signature of witnessing Officer)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)

SSN

PROGRAM

\_\_\_\_\_

## NON TRAFFIC ARREST FORM

This form is to be utilized if you were charged with and/ or convicted of any alcohol related traffic offensive, or any other non-traffic arrest, no matter how minor. Answer the following questions and then write a concise statement addressing the incident.

a. Month and year of violation: \_\_\_\_\_

b. Place where violation occurred: \_\_\_\_\_

c. Original charge: \_\_\_\_\_

d. Charge to which convicted or to which a guilty plea was entered:

\_\_\_\_\_

e. Penalty, fine, or other disposition:

\_\_\_\_\_

APPLICANTS STATEMENT ADDRESSING THE CIRCUMSTANCES SURROUNDING THIS INCIDENT. (USE ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
(Signature of witnessing Officer)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
NAME: (LAST, FIRST, MIDDLE)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
PROGRAM

**MINOR TRAFFIC PAGE**

List all minor traffic violations and provide the information listed below. If you are unsure of any information or have questions regarding this form, please consult your command Marine officer representative.

Any alcohol related traffic offense is NOT considered a minor infraction and should be explained on the NON-TRAFFIC ARREST FORM.

1. Month and year of violation
2. Place where violation occurred (City and State)
3. Original Charge
4. Charge of which convicted or to which guilty plea was entered
5. Penalty or other disposition. If fined, indicate the amount.

FIRST OFFENSE		SECOND OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
THIRD OFFENSE		FOURTH OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
FIFTH OFFENSE		SIXTH OFFENSE	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(OFFICER SIGNATURE)

\_\_\_\_\_  
(APPLICANT LAST, FIRST, MIDDLE)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
PROGRAM

**MARINE CORPS RECRUITING COMMAND TATTOO SCREENING FORM**

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**NAME (Last, First, MI)**

**LAST 4 SSN**

**DATE**

**PART I. PURPOSE.**

*The purpose of this form is to ensure that you tell us the full extent of your tattoos, brands and/or body ornamentation. Refusal to complete the form will result in termination of your enlistment processing.*

1. Does the applicant <u>currently have, or ever had</u> any tattoos, brands, body markings, or body ornamentation, or has the applicant <u>ever had</u> a tattoo, brand or body ornamentation <b><u>removed, concealed, covered or altered?</u></b>	YES	NO*

*\*NOTE: If the answer to question 1 is NO; move on to the Part II Certification block of this form. Questions 2-8 are not required. If the answer to question 1 is YES; move on to question 2. The MEPS Liaison may endorse the TSF as the reviewing officer when the applicant has NO tattoos or body markings.*

2. Does applicant have body markings of any type that are exposed or partially exposed above the standard, well fitted PT shirt collar or below the wrist bone?	YES	NO*

*\*NOTE: If the answer to question 2 is NO; move on to questions 4-7. If the answer to question 2 is YES; complete questions 3-7.*

3. Are any of the tattoos, brands or markings: a. on head or neck (above collarbone in front, above seventh [C7] cervical [last] vertebrae in back or otherwise visible in open collar short-sleeve khaki shirt with white undershirt or inside the mouth?  b. On hands or fingers (with exception of a single band tattoo more than 3/8 of an inch in width on one finger of each hand)?	YES	NO

4. Do any of the tattoos, markings etc., depict nudity, are they racist, eccentric, offensive in nature, or express an association with conduct or substances prohibited by the Marine Corps Drug policy, the UCMJ, to include tattoos associated with illegal drugs, drug usage or paraphernalia?	YES	NO

<b>NAME (Last, First, MI)</b>	<b>LAST 4 SSN</b>	<b>DATE</b>
5. Do any of the tattoos, brands or body ornamentation represent a gang membership or extremist group, advocate racial, ethnic, or religious discrimination, obscene, prejudicial to good order and discipline/morale or of a nature to discredit to the Marine Corps?	YES	NO
6. Are any of the tattoos a result of a specific activity? (i.e. activity for membership initiation, or as the result of any violation of law(s)?)	YES	NO
7. Are there any body markings, ornamentation or mutilation (i.e. Tongue Splitting, etc.), Ornamental Body Piercing(s), Holes in Ear Lobes (large enough for light to pass through opening), or Ornamental Implantations, (silicone implants on face, horns on the forehead, etc.).	YES*	NO
<i>*NOTE: Remind applicants or officer candidates that all body piercings must be removed prior to shipment to Recruit Training Depots or Officer Candidate School.</i>		
Location(s) of applicant's current, removed, concealed, covered, or altered tattoos, brands, markings, or ornamentation and applicant's statements will be documented in Part V of this Screening Form. Removed, concealed, covered or altered tattoos need to be annotated as such (i.e. removed) with full description of the original marking.		
<b>PART II. CERTIFICATION</b>		
I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date
<b>PART III. RECERTIFICATION (ONLY IF MARKED "NO" TO QUESTION 1)</b>		
Have there been any changes to Part I of this Tattoo Screening Form after the date of signing Part II?	YES	NO
I certify the information previously given on the Tattoo Screening Form remains the same. If any change is indicated, parts IV through VI will be completed and forwarded to the Commanding Officer or appropriate authority prior to shipment to recruit training or request for appointment.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name/Signature of MEPS LCNO or Reviewing Officer (Rank, Billet)		Date

<b>NAME (Last, First, MI)</b>	<b>LAST 4 SSN</b>	<b>DATE</b>
<b>PART IV. REVIEW</b>		
<b>a. To be filled out for all enlisted applicants</b>		
<p>If applicant responded "yes" to questions 1 and/or 2, their tattoo/markings or history thereof must be reviewed by a commissioned officer to determine eligibility. If the applicant responded "yes" to questions 3 through 7, the applicant is ineligible (with exception of a single band tattoo more than 3/8 of an inch in width on one finger of each hand) for enlistment without a Region CG level adjudication. Digital photos are required for all reviews. Under no circumstances will any applicant be photographed in less clothing than the standard warm weather physical training uniform. Only the visible portion of tattoos outside of regulation are to be photographed for consideration. Applicants may hand draw pictures of tattoos not visible indicating content and location.</p>		
Commissioned Officer's Reviewing Comments:		
<input type="checkbox"/> RS Review <input type="checkbox"/> Region Adjudication required <input type="checkbox"/> RA Review required (PSR)		
NAME/SIGNATURE OF COMMISSIONED OFFICER	RANK	BILLET
ALL QUESTIONABLE BODY MARKINGS ON REGARDING CONTENT OR LOCATION WILL BE FORWARDED TO THE APPROPRIATE DECISIONING AUTHORITY FOR APPROVAL/REVIEW.		
<b>b. To be filled out for all Officer candidates</b>		
<p>(1) If candidate responded "yes" to questions 1 and/or 2, their tattoo/markings or history thereof must be reviewed by a commissioned officer to determine eligibility. If the applicant responded "yes" to questions 3 through 7, the applicant is ineligible (with exception of a single band tattoo more than 3/8 of an inch in width on one finger of each hand) for enlistment without a MCRC level adjudication review.</p>		
<p>(2) Digital photos are required for all reviews. Under no circumstances will any applicant be photographed in less clothing than the standard warm weather physical training uniform. Only the visible portion of tattoos outside of regulation are to be photographed for consideration. Candidates may hand draw pictures of tattoos not visible indicating content and location. Cross-check drawings with DD Form 2808 Medical Examination, Block 37 documents for consistency.</p>		
<p>(3) All questionable body markings in regards to content, or location will be forwarded to the appropriate authority for approval/review. Check appropriate review authority:</p>		
<input type="checkbox"/> <u>Recruiting Station</u> : Review tattoos for applicants applying for PLC, OCC, and Four Year NROTC Scholarship programs.		
<input type="checkbox"/> <u>Marine Corps Recruiting Command</u> : Review tattoos for applicants applying for all other commissioning and Warrant Officer programs.		
NAME/SIGNATURE OF REVIEWING OFFICER	RANK	BILLET

<b>NAME (Last, First, MI)</b>	<b>LAST 4 SSN</b>	<b>DATE</b>

**PART V. DOCUMENTATION**

The section below will be used to document any tattoo identified as a "YES" in section I. Insert photos by clicking in the square provided and selecting the appropriate photo. If additional space is needed use the addendum to this form.

--	--

TATTOO NUMBER ONE

Size (in inches)	
Description	
Location	
Reason for review	

TATTOO NUMBER TWO

Size (in inches)	
Description	
Location	
Reason for review	

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TATTOO NUMBER THREE

Size (in inches)	
Description	
Location	
Reason for review	

TATTOO NUMBER FOUR

Size (in inches)	
Description	
Location	
Reason for review	

<b>NAME (Last, First, MI)</b>	<b>LAST 4 SSN</b>	<b>DATE</b>

Applicant Personal Statement for each tattoo identified above:

*\*NOTE: Each statement will identify the corresponding tattoo number above and answer the following questions in the applicants own words:*

*What does the tattoo look like (detailed description)?*

*When, Where, and Why did you get this tattoo?*

*What does this tattoo personally mean to you?*

<b>NAME (Last, First, MI)</b>	<b>LAST 4 SSN</b>	<b>DATE</b>
<b>PART VI. CERTIFICATION</b>		
I certify that I have completely disclosed the full extent of my tattoos, brands or body ornamentation to include those removed or altered.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date
<b>PART VII. RECERTIFICATION</b>		
Have there been any changes to Part I of this Tattoo Screening Form after the date of signing Part VI?	YES	NO
I certify the information previously given on the Tattoo Screening Form remains the same. If any change is indicated, parts IV through VI will be completed and forwarded to the Commanding Officer or appropriate authority prior to shipment to recruit training or request for appointment.		
Printed Name of Applicant or Candidate	Signature of Applicant or Candidate	Date
Printed Name of Recruiting Rep or Certifying Officer	Signature of Recruiting Rep or Certifying Officer	Date

**MARINE CORPS RECRUITING COMMAND  
STATEMENT OF UNDERSTANDING  
MARINE CORPS UNIFORM REGULATIONS FOR STANDARDS OF PERSONAL APPEARANCE**

**POLICY**

In accordance with insert MARADMIN, Marines will present the best possible image at all times and continue to set the example in military presence. Marine Corps Uniform Regulations strictly **prohibit** mutilation of the body or any parts in any manner, and attaching, affixing or displaying objects, articles, jewelry or ornamentation to, through or under the skin, tongue or any other body part. Tattoos on the head (including in or around the mouth), neck area, hands, fingers, and any tattoos on other parts of the body, that are prejudicial to good order and discipline, gang or extremist group related, or bring discredit to the Marine Corps are also **prohibited**.

**UNDERSTANDING**

I understand that mutilation of the body or any body parts in any manner is **prohibited** and that attaching, affixing or displaying objects, articles, jewelry or ornamentation to, through or under the skin, tongue or any other body part is **prohibited** with the exception of females wearing earrings consistent with the Marine Corps regulations.

I understand that tattoos located anywhere on the body that are prejudicial to good order and discipline, or are of a nature to bring discredit upon the Marine Corps, are **prohibited** (Examples include, but are not limited to, tattoos that are drug-related, gang-related, extremist, obscene or indecent, sexist, or racist).

I understand that tattoos on the head or neck, including in or around the mouth area, are **prohibited** and that tattoos on the chest or back must be covered by wearing a properly fitting crew-neck undershirt with no portion of the tattoo showing.

I understand that tattoos on the hands, and fingers are **prohibited**, with the exception of a single band tattoo of no more than 3/8 of an inch in width on one finger of each hand.

I understand that any tattoo only visible with the use of ultra-violet light must still adhere to the same requirements, limitations, and prohibitions applicable to visible tattoos.

I understand that I will be screened for tattoos, brands and body ornamentations, and must complete the Marine Corps Tattoo Screening Form. I further understand I will be re-screened prior to shipping to recruit training or my request for appointment for any additional tattoos, brands and body ornamentations received while in the Delayed Enlistment Program or Officer commissioning process.

**Certification**

I certify that I completely understand the Marine Corps policy on the tattoos, brands, and ornamentations and I have reviewed the tattoo policy graphics on page three of this statement of understanding.

Applicant's Printed Name	Applicant's Signature	Date
Certifying Officer / Recruiter's Printed Name	Certifying Officer / Recruiter's Signature	Date
MEPS LNCO Printed Name (Non-prior service enlisted only)	MEPS LNCO Signature (Non-prior service enlisted only)	Date

**OFFICER CANDIDATE'S SCHOOL, SIX WEEK PROGRAM  
STATEMENT OF UNDERSTANDING**

From: \_\_\_\_\_

1. I understand that successful completion of Officer Candidate's School, Six Week Program is a pre-commissioning requirement that will not be waived.

2. I further understand that should I fail to successfully complete Officer Candidate's School, Six Week Program, a Performance Review Board may be convened and that I may be disenrolled from the NROTC Marine Option program.

3. I further understand that if disenrolled from the NROTC Marine Option program, I may be subject to government recoupment of all educational benefits or active enlisted service for two years.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Witness signature and rank)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)