

APPLICATION
MR. AND MRS. ROBERT G. CARR AIR FORCE ROTC SCHOLARSHIP
Angelo State University
San Angelo, Texas

TYPE OR PRINT

1. Name _____ 2. Social Security Number _____ 3. Date of Birth _____
 Last First Middle _____ Mo. Day Yr.

4. Sex (circle one) _____ 5. Height _____ 6. Telephone Number _____ 7. State of Legal Residence _____
 Male Female Weight _____ (AC): _____ / _____

8. Home Address _____
 Street _____ City _____ State _____ Zip _____

9. High School Graduation Date: _____ 10. National Honor Society: _____ Yes _____ No

11. High School: _____
 Name of School _____ Street Address _____
 City _____ State _____ Zip _____ County _____ Name of Principal _____

12. Planned major / minor? _____ 13. Planned date of enrollment: _____

14. Have you previously attended college? _____ Yes _____ No
 If yes, please provide one official copy of your transcript(s).

15. U.S. citizen? _____ Yes _____ No How obtained? _____ Birth _____ Naturalization

16. Have you ever had previous military service (Active duty, Reserve, National Guard)? _____ Yes _____ No
 If yes, Service _____ How long? _____ Grade _____ Discharge type _____
 If yes, provide copies of your last 4 APRs/EPRs and any Community College of the Air Force transcripts.

17. Have you ever been nominated for admission to the Army, Navy, Air Force, Coast Guard, or Merchant Marine Academy? _____ Yes _____ No
 If yes, for which? _____ When? _____

18. Have you ever been enrolled in an officer training program of the Army, Navy, Air Force, or Marine Corps? _____ Yes _____ No
 If yes, give type of program, dates, reason for disenrollment _____

19. Have you ever been enrolled in a Junior ROTC program? _____ Yes _____ No
 If yes, circle years participated.
 AFJROTC: 10 11 12 Civil Air Patrol: 10 11 12 Navy JROTC: 10 11 12
 Army JROTC: 10 11 12 Marine JROTC: 10 11 12 Other: 10 11 12

DATE: _____ APPLICANT'S SIGNATURE: _____

Two confidential evaluations must be provided by school officials and submitted directly to the AFROTC Detachment at Angelo State University, Additional letters of recommendation may be submitted if you desire.

A photograph is desirable but not mandatory.

Return this form to AIR FORCE ROTC DET 847, BOX 10905 ASU STATION, SAN ANGELO, TX 76909, Fax 915-942-2143. (Provisions must be made with your high school to forward your ACT/SAT scores and a copy of your transcript to the Air Force ROTC Detachment at Angelo State University.)

Résumé

Extracurricular Activities (Band, Basketball, Boy Scouts, Church Group, Choir, Drama, FFA, 4-H, Football, Girl Scouts, Gymnastics, JROTC, Karate, NHS, Speech, Track, Volleyball, Wrestling, etc.)

Activity	Participation				Offices Held	Awards
	FR	SO	JR	SR		

Academic Awards

Name of Award	Date	Description

Volunteer Activities

Organization	Date	Description

Employment Experience

Employer	Date of Employment	Position	Responsibilities

If there is other information you would like to add, please attach a separate sheet.

