Instructions for completionr

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20. Race/Ethncity (Check One)

21. Citizenship: Check One

22 Do you have any condition that could interfere with you participating in a normal college physical education course?: Yes or No 22a (Yes needs explanation)

23. Have you ever received Medical Disability payments from any source?: Yes or No (23a, Yes needs expla ation)

24. Next to Kin (Family member full Name) 24a. Address (Full address to include city, state and Zip Code) 24b. Phone i I 00

JpJ Ir Yb

38. Other Scholarship: 39. JROTC Experience:

Section 3: Cur entor Prior Militar Service (To Include

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