

Instructions for completion of CCF m 139-R

***Do not write below = these are instructions-only fill out
Pages 1&2 ONLY /Signature required at the bottom of
page 2***

~~Section 1: General Information~~
1. First name, last name, and 1b. FULL middle name.

2. SSN: Self explanatory

3. College ID Number assigned by school if different than SSN

4. Email (school email)

5. Local Address: Current address at which you live 5a. City 5b. State 5c. ZIP CODE

6. Phone Number: Current phone number at address at which you live

7. Permanent Address: Home of Record 7a. City 7b. State 7c. ZIP CODE

8. Phone Number: Current phone number at your Home of Record

9. Date of Birth : Use mm/dd/yy

10. POB [Place of Birth]: City and state or

11. Blood Type: A B AB/O, Positive/Negative

13. ACT Score: Composite score if you took ACT

14. SAT Score: Composite score if you took SAT

15. SEX - M /F

16. Height

17. Weight

18. Marital Status

19. Dependents - Y /N 19a. Number of dependents: Number of children plus spouse - do not include yourself

20. Race/Ethnicity (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 explanation)

24. Next of Kin (Family member full Name) 24a. Address (Full address to include city, state and Zip Code)

24b. Phone: _____

Jpl Ir Yb oc

38. Other Scholarship: 39. JROTC Experience:

Section 3: Current or Prior Military Service (To Include
