FALL 2019 ORIENTATION PACKET

LAST NAME:
FIRST NAME:
MIDDLE NAME (FULL):
DATE OF BIRTH:
STATE OF LEGAL RESIDENCE:
EMAIL ADDRESS:
PHONE NUMBER:
PERMANENT ADDRESS:
CURRENT ADDRESS:
MAJOR:
PROJECTED GRADUATION MONTH:
PROJECTED GRADUATION YEAR:
*COMPLETE/RETRIEVE THE BELOW ITEMS BEFORE ATTENDING ORIENTATION

○ READ AND COMPLETE THE ENTIRE WINGS APPLICATION GUIDE *(FOUND ON NEXT PAGE)*

○ AFROTC FORM 63 *(HIGHLIGHTED AREAS ONLY)*

○ OFFICIAL BIRTH CERTIFICATE

○ OFFICIAL DRIVERS LICENSE

○ OFFICIAL SOCIAL SECURITY CARD

○ SELECTIVE SERVICE NUMBER PRINTOUT *(https://www.sss.gov) – MALES ONLY*

○ PRIOR SERVICE (BOY/GIRL/EAGLE SCOUT/JROTC) CERTIFICATES *(IF APPLICABLE)*

○ DEPENDENCY POLICY MEMO *(HIGHLIGHTED AREAS ONLY)*

○ AU FORM 19/STANDARDS OF CONDUCT *(HIGHLIGHTED AREAS ONLY)*

○ AF FORM 2030/DRUG AND ALCOHOL ABUSE CERTIFICATE *(HIGHLIGHTED AREAS ONLY)*

○ AFROTC FORM 28/SPORTS PHYSICAL *(SIGNED AND COMPLETED BY PHYSICIAN)*

○ IMMUNIZATION/SHOT RECORDS

○ DD FORM 2058/STATE OF LEGAL RESIDENCY *(HIGHLIGHTED AREAS ONLY)*

○ FM W-4/EMPLOYEE WITHHOLDING ALLOWANCE *(HIGHLIGHTED AREAS ONLY)*

○ FMS 2231/DIRECT DEPOSIT FORM *(HIGHLIGHTED AREAS ONLY)*

○ OFFICIAL TRANSCRIPTS *(ONLY IF COLLEGE CREDIT EARNED)*


*BLUE ITEMS MUST BE COMPLETED/TURNED-IN DURING ORIENTATION

*BLACK ITEMS WILL BE RETURNED TO YOU AFTER BEING PHOTOCOPIED*
AFROTC Guide

Applicant Admissions Process
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<tr>
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CHAPTER 1 – APPLYING TO AFROTC (APPLICANT SIDE)

1.1. Admissions Process is the process by which prospective students formally apply for the program, are checked for viability, and become officially registered as cadets. This guide is designed to assist you in completing the admissions process required to in-process a Cadet into Air Force ROTC. Follow the steps in the exact order, be sure to read all instructions associated with this guide.

   1.1.2 The Applicant (You) will click on the “Apply for ROTC” link via the Holms Center WINGS Portal (https://wings.holmcenter.com). Refer to Figure 1.1.

Figure 1.1. Click Apply for AFROTC
1.1.3. You will be directed to the Privacy Act Statement. If you agree with the statement, Click Yes and Submit. Refer to Figure 1.2.

Figure 1.2. Privacy Statement

Air Force ROTC Account Request

Pre-Screen

PRIVACY ACT STATEMENT – US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 123, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3212, 5031, 8013, 8033, 8498, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income to federal, state, local, or foreign law enforcement authorities investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee; issuance of a security clearance, listing of a contract, or issuance of a license, grant, or other benefit to a federal agency in response to its request in connection with the hiring or retention of an employee; issuance of a security clearance, reporting of an investigation of an employee, listing of a contract, issuance of a license, grant, or other benefit by the requesting agency to theextent that the information is relevant and necessary to the requesting agency’s decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of privacy-related legislation as set forth in OMB Circular A12; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NATO for records management functions; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY. However, failure to furnish information needed to determine your mental, medical, and moral qualifications for entry into the US Air Force will result in a denial of application.

Select "Yes" to acknowledge that:

- I am 13 years old or older AND
- I have read and agree to provide personal information required to fully participate in the Air Force ROTC Program.

Yes

No

SUBMIT

Help
1.1.4. To create your account, you must enter an active email account. *This email address will also be used as the username, along with the password you create at this screen.* Select a security Question and type Response. Click Submit. Refer to Figure 1.3.

**Figure 1.3. Account Creation with Active Email Account**

1.1.5. You will be directed to a new screen, notifying you that an activation code was sent to your email address. Keep the window open and check your email for the activation code. Refer to Figure 1.4.

**Figure 1.4. Keep Window and Check Your Email for Activation Code**

User ID: afrotcapplicant@example.com

An activation code was sent via e-mail to cala.grier@us.af.mil. Enter that code below to activate this account. **NOTE:** Please check your spam/junk folder if you do not see the e-mail in your Inbox.

After verification, sign on to continue your application.

*Activation Code: [Enter Code] Submit*

1.1.6. Within minutes of entering your email address in WINGS, an Activation Code will be sent to the email address you provided. Check your inbox for the activation code sent from hcpportal@holmcenter.com. Refer to Figure 1.5.
Figure 1.5. Activation Code Sent in Registered Email Address

hcportal@holmcenter.com

To: applicant@example.com

Your activation code is vqeb9.

Enter the code on the Activate Account page in the application, or...


...to activate your account.

1.1.7. Type the activation code into the *Activation Code field and click Submit. Refer to Figure 1.6.

Figure 1.6. Enter Activation Code

After verification, sign on to continue your application.

*Activation Code: vqeb9 SUBMIT

1.2. Landing Portal. After you create the account, you will be directed to the WINGS Portal. Use your User ID (email address) and password to create your WINGS account. See Figure 1.7.

Figure 1.7. Sign in to WINGS Holm Center

User ID
afrotpapplicant@example.com

Password
***************

Select a Language
English

Sign In
1.3. My Profile. After you successfully login to WINGS, you will create your profile. Complete all fields. Click Submit. Refer to Figure 1.9.
1.3.1. You will be prompted to verify your Date of Birth and Social Security Number by re-typing them. Once complete, click OK. Refer to Figure 1.10.

**Figure 1.10. Re-enter Date of Birth and Social Security Number**

1.3.2. Your Account Profile will be stored in the WINGS database, and will directed to your application.

Note: If there an existing profile with similar data as your profile, your profile will be reviewed by HQ AFROTC and you will receive a notification that your Account Profile is Under Review. See Figure 1.11.

**Figure 1.11. Account Profile Under Review**

1.3.3. Sign out of WINGS by clicking the three dots located at the top right corner of the screen. Refer to Figure 1.12.

**Figure 1.12. Sign Out of WINGS**
CHAPTER 2 – COMPLETING THE APPLICATION CHECKLIST (APPLICANT SIDE)

2.1. Completing the Application. You (Applicant) will login to WINGS. See Figure 2.1. (https://wings.holmcen ter.com). See Figure 3.1.

**Figure 2.1.** Landing Portal. Use your User ID (email address) and password to login.

![Landing Portal](image)

2.1.1. Click on My AFROTC Application tile. See Figure 2.2.

**Figure 2.2.** Click on My AFROTC Application

![My AFROTC Application](image)

2.2. Intent for Completing the Application. Answer your intent for completing the online application. The checklist items will be listed, depending whether you are applying to the High School Scholarship Program (HSSP), joining the AFROTC Program, or just wanting to attend AFROTC classes.

2.2.1. If you click No to “Apply for the AFROTC HSSP” and No to “Join AFROTC,” you will be applying as a Participant. This will allow you to enroll in AFROTC classes only. You are required to select your school of preference(s). See Figure 2.3.
2.2.2. If you click No to “Apply for the AFROTC HSSP” and Yes to “Join AFROTC,” you are required you to complete a list of items in the checklist. Click on each item. Refer to Figure 2.4.
2.3. **Select Schools.** Click Select Schools. Select the colleges you are attending by clicking the drop-down menu for the state and the preferred colleges. The selected colleges will receive your contact info and review your application. If you have more than one school of preferences, rank them in preference order. Click Save & Close. Refer to Figure 2.5.

**Figure 2.5. Select Schools You are Interested in**

<table>
<thead>
<tr>
<th>Selected Schools</th>
<th>AF ROTC Classes At</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn University</td>
<td>Auburn University (Detachment 005), AL</td>
<td>1 Remove</td>
</tr>
</tbody>
</table>

**Search for Colleges, Universities & Detachments**

- **State** Alabama

<table>
<thead>
<tr>
<th>Enroll At</th>
<th>AF ROTC Classes At</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn University, AL</td>
<td>Auburn University (Detachment 005), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Alabama State University, AL</td>
<td>Alabama State University (Detachment 019), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Auburn University At Montgomery, AL</td>
<td>Alabama State University (Detachment 019), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Birmingham-Southern College, AL</td>
<td>Samford University (Detachment 012), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Faulkner University, AL</td>
<td>Alabama State University (Detachment 019), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Huntington College, AL</td>
<td>Alabama State University (Detachment 019), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Jefferson State Community College(Gmc), AL</td>
<td>Samford University (Detachment 012), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Marion Military Institute, AL</td>
<td>University Of Alabama (Detachment 010), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Miles College, AL</td>
<td>Samford University (Detachment 012), AL</td>
<td>AL</td>
</tr>
<tr>
<td>Samford University, AL</td>
<td>Samford University (Detachment 012), AL</td>
<td>AL</td>
</tr>
</tbody>
</table>
2.4. **Youth Experience.** Answer all fields and click OK. If you have any Youth Experience, you will any certificates or documents in Supporting Documents in your application checklist. Refer to Figure 2.6.

**Figure 2.6. Complete all Fields for Youth Experience**

![Youth Experience Form]

2.5. **Contact Information.** Click the drop-down menu to indicate the Type of phone number, email address, and address registered to the account. The home of record is your primary residence. If you currently live in a different address, click the + sign and add your current address. Ensure information and type is accurate. Once complete, click OK. Refer to Figure 2.7.

**Figure 2.7. Complete all Fields for Contact Information**

![Contact Information Form]
2.6. Demographics. Complete all fields and click OK. See Figure 3.8.

**Figure 3.8. Complete all Fields for Demographics.**

- Birth Info
  - Date of Birth: 01/01/1999
  - Gender: Male
  - Birth Country: USA
  - Birth State: AL
  - Birth City: Prattville

- Citizenship
  - Birth - US
  - Dual Citizenship: 
    - Yes
    - No

- Race
  - American Indian/Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian/Other Pac Isl
  - White
  - Decline to Respond

- Ethnicity
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Decline to respond

- OK Cancel Apply

2.7. Military. Answer all fields. Males will require their Selective Service Number. Refer to Figure 2.9.

**Figure 2.9. Complete all Fields for Military.**

- Military Background
  - Military Service: Yes No
  - AFOQT Taken: Yes No
  - Selective Service Number [Lookup]

- OK Cancel Apply
2.8. Medical. Answer, then Save & Close. Refer to Figure 3.10.

Figure 2.10. Answer and click Save & Close.

<table>
<thead>
<tr>
<th>Question/Acknowledgments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beacadet, Iwanna</strong></td>
</tr>
<tr>
<td>Appl. Id: 15079 Appl. Date: 02/08/2018</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>Help</td>
</tr>
</tbody>
</table>

2.9. Dependents. Answer and complete fields. If you have a dependent, you will be required to enter your dependent’s contact information and acknowledgement the statements for Dependent / Dependent Care. Click Continue. Refer to Figure 2.11.

Figure 2.11. Complete all Fields for Dependents

<table>
<thead>
<tr>
<th>Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you married?</td>
</tr>
<tr>
<td>Number of Dependents</td>
</tr>
<tr>
<td>Provide Information for All Dependents</td>
</tr>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td>Gonna</td>
</tr>
<tr>
<td>Use the minus sign to the right of your data to delete a dependent (this feature is enabled when your number of dependents has decreased).</td>
</tr>
<tr>
<td>* Required Field</td>
</tr>
</tbody>
</table>
2.9.1. Read and understand the Questions /Acknowledgements for Dependent / Dependent Care. If you acknowledge, check the box beside it. Click Save & Continue when complete. Refer to Figure 2.12 and 2.13.

**Figure 2.12. Read and Answer Items in Dependent / Dependent Care**

<table>
<thead>
<tr>
<th>Category</th>
<th>DEPENDENT / DEPENDENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read &amp; Acknowledge</td>
<td>I understand my eligibility is based on my marital and dependency status and failure to claim all my dependents may result in involuntary separation from the Air Force. I have read and understand the following definitions the Air Force considers a dependent for accession purposes. 1. A spouse 2. Any person under the age of 18 for whom the applicant or spouse has legal or physical custody, control, care, maintenance, or support. Includes children from a previous marriage, a relative by blood or marriage and stepchildren or adopted children of the applicant or spouse. 3. Any unmarried natural children of the applicant or spouse regardless of current residence. For male applicants, the term natural child includes those born out of wedlock. 4. Any person who is dependent upon the applicant or spouse for their care, maintenance, or support regardless of age. 5. FOR MALE APPLICANTS ONLY. An unborn child of the spouse or one claimed by or a court order determines is his.</td>
</tr>
</tbody>
</table>

| Read & Acknowledge | I understand it is my responsibility to provide legal documents (marriage certificate, birth certificate, etc.) to substantiate my dependent(s) and it is my responsibility to support myself and my dependent(s) on the pay and allowances I receive. I also understand arrangements for care of my dependent(s) is my personal responsibility and will not interfere with my assigned Air Force duties, including shift work, weekend duty, temporary duty away from my assigned duty station and short notice deployments and evacuations. I further understand my dependent(s) will not prevent me from being available for worldwide assignment and failure to perform my military dependent(s) may result in disciplinary action to include involuntary discharge. |

| Read & Acknowledge | I understand if applying for an enlisted program, my dependent(s) are not permitted to accompany me during basic training, and it is recommended they not accompany me during any technical training. If applying for an officer program, it is strongly recommended my dependent(s) not accompany me while attending training. I also understand government family quarters are assigned based on application date, grade, rate of grade, number of dependents, and availability. |
Figure 2.13. Read and Answer Items in Dependent / Dependent Care

Questions/Acknowledgements

Read & Acknowledge
I understand military couples with dependent(s) are required to make dependent care arrangements that allow both members to meet all military obligations and duties. I also understand each member is considered to be serving in his or her own right and must be available for worldwide assignment regardless of marital or dependent status. Additionally, I understand married Air Force couples may apply for a joint spouse assignment but there is no guarantee they will be assigned together.

☐ Acknowledge

Read & Acknowledge
I have read the information on this form and understand how it applies to me and my dependent(s). I also understand the needs of the Air Force come first and I may be involuntarily discharged should I violate any of these provisions. I certify the information on this form is of my personal knowledge and is true and correct, and my recruiter did not advise me to conceal any dependency information.

☐ Acknowledge

Read & Acknowledge
I have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. A Family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age. In particular, I understand the following:

a. (Non-contract Cadet) If I am unmarried or married to include a common-law spouse, a military member (including another AFROTC cadet), and become responsible for any family member incapable of self-care, I must develop and maintain an approved Family Care Plan in accordance with Department of Defense (DoD) Family Care Plans that will adequately cover my time in AFROTC. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

b. (Contract Cadet) If I am disenrolled from AFROTC after becoming a contract cadet, I am subject to call to EAD in my enlisted grade, recoupment of scholarship benefits or release. If I have more than two (three with an approved waiver) dependents incapable of self-care, I do not meet enlisted accession standards and cannot be subject to EAD in my enlisted grade. I can only be subject to recoupment or release.

☐ Acknowledge
2.10. Questions / Acknowledgements. Click Questions/Acknowledgements. You must read and answer all questions and acknowledgments truthfully. Click Next to go to next series of Questions / Acknowledgements. Clicking Next will save current answers and move to next screen. Once complete, Click Save & Close. See Figure 2.14 and 2.15.

Note: You must read and answer all questions and acknowledgments truthfully. If you do not understand the question, do not answer that portion and return to it, once the detachment has provided clarification of the question / acknowledgment.

2.10.1. Clicking Save & Close will close you out of the module. Make sure you have answered all questions and acknowledgements before moving on.

Figure 2.14. Read and Answer Items Truthfully in Questions / Acknowledgements
2.10.2. If you proceed to Next page without answering all questions, a message will appear notifying you not all questions were answered. Click OK and remember to unanswered questions / acknowledgements. See Figure 2.16.

Figure 2.16. Incomplete Page.

Your data was saved, but not all questions were answered. (28022.2)

OK

2.10.3. An uncommon response will require you to provide additional information for the acknowledgement. Click OK when complete. Refer to Figure 2.17.
2.10.4. Once all questions have been answered, click Save & Close. Refer to Figure 2.18.

Figure 2.18. Provide Additional Information for an Uncommon Response
2.11. Releases & Forms. Click on Releases and Forms. Read instructions. Click on each item to download or print. Then completely fill out forms. Click Finished Printing to resume application. Refer to Figure 2.19.

2.11.1. You are required to print the Mail Authorization Release and bring it to the detachment, as it requires the detachment staff signature.

Figure 2.19. Click Finished Printing
2.12. **Supporting Documents.** Click on Supporting Documents. The required supporting documents will be dependent on how you answered your application. Example: If you had answered that you were in the Boys Scouts, you will be required to upload a Scout Certificate. Refer to Figure 2.20.

**Figure 2.20. Click Add Attachment and Browse for File.**
Figure 2.21. Click Add Attachment and Browse for File to Upload.
2.13. Civil Involvements (CI). If you have had any involvement with any civil, military, school authorities / law enforcement officials (regardless of its insignificance, disposition, or finding), it must be reported. Ensure you read and understand what a CI is. Click Add an Involvement if you have any to report. Refer to Figure 2.22.

Figure 2.22. Click Add Involvement if You Have a Civil Involvement to Report

- Beacadet, Iwanna
- Users' Guides
  1. Report an involvement
  2. Provide additional details

A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials REGARDLESS OF ITS INSIGNIFICANCE, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider you record as clear DOES NOT constitute authority to leave the involvement off of the certification.

B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives WITHIN 72 HOURS following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72 hour time limit will apply effective with the official date of your return to the institution.

C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program. If already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.
2.13.1. Provide details of the CI and upload documents. If the Cadet Statement Required box is checked, click on Cadet Statement Required link. It is a hyperlink for you to add your recollection of the CI. Click Report/Save to save and return to CI, at a later time. Submit as Complete when required documents and cadet statement have been provided. Refer to Figure 2.23.

NOTE: The detachment will set a time for you to bring your supporting documents for verification and for you to certify any CI’s.

Figure 2.23. Complete Fields for CI
2.14. All Items Checked. Once you receive check marks on all boxes, click Submit. The detachment will review the application and contact you for any questions and explanations. If you do not complete the checklist, the application will save automatically and you may complete the application at a later time. Refer to Figure 2.24.

Figure 2.24. Application List Items all Checked

[Image of application form with check marks and notes]

2.14.1. Sign out of WINGS by clicking the three dots at top right corner. See Figure 2.25.

Figure 2.25. Sign Out of WINGS

[Image of WINGS sign out options]
### SECTION 1. AFROTC ENROLLMENT CHECKLIST

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<th>YES</th>
<th>NO</th>
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</table>

**Remarks Section:**

I certify that the above actions have been completed.

NAME/RANK

DATE

SIGNATURE

### SECTION 2. AFROTC ENLISTMENT CHECKLIST

#### POC ENLISTEES

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<tr>
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<tr>
<td>2</td>
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#### SCHOLARSHIP ENLISTEES (Including POC enlistees with concurrent scholarship activations)

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#### ALL ENLISTEES

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### SECTION 2. AFROTC ENLISTMENT CHECKLIST (cont.)

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<tr>
<td>14</td>
<td>Is the proper DOC verified and loaded in WINGS?</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>Was civil involvement module re-certified and any waivers obtained in WINGS the day of but prior to entering? (11.4.3.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Was the AFROTC Form 14 (corroboration document) completed, if applicable? (6.5)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17</td>
<td>(Males only) Was proof of selective service registration verified in WINGS prior to contracting? (11.3.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Was the AF Form 2030, Drug &amp; Alcohol Abuse Certificate, re-certified the day of but prior to enlistment? (11.4.3.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18a</td>
<td>Does the AF Form 2030 match Item 7 of the DoDMERB questionnaire regarding drug use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Was the DD Form 93, Record of Emergency Data, completed? (3.12.10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Was the AF Form 1056, AFROTC Contract, (and change pages if required) completed? (11.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Was Part I, &quot;Agreement of Cadet&quot;, on the AF Form 1056 read to the cadet prior to contracting? (11.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>On the AF Form 1056, were academic majors, FY commissioning, type program (scholarship/POC), scholarship type, length of time if applicable, type of commission (Line, Nurse Corps, PreMed, etc.), and enlistment pay grade/rank correctly annotated and verified in WINGS and where applicable? (11.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20c</td>
<td>On the AF Form 1056, was parental consent obtained if the cadet is a minor in the state which enlistment occurs? (11.8)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20d</td>
<td>Did cadet sign AF Form 1056 with original signatures the day of but prior to enlistment and did unit officer and witnesses sign the same day? (11.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Were DD Forms 4/1 and 4/2 completed? (11.9)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21a</td>
<td>Was the correct enlistment grade used? (AFI 36-2002, Table 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21b</td>
<td>Were all dates the same as the enlistment date? (11.4.1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21c</td>
<td>Did cadet and unit representative sign payroll (easily verifiable signatures)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21d</td>
<td>Did cadet initial all pages?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>21e</td>
<td>Was SSN verified with original in WINGS? (11.3.6)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21f</td>
<td>Was ASCP, Airman Early Release Program or SOAR cadet enlisted into the ORS the day after the effective date of their discharge if applicable? (11.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Did cadet complete financial documents (SFI 1199, DD Form 2058, SGLI and current year W-4) and was the pay record created in WINGS?</td>
<td></td>
<td></td>
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### SECTION 3. POST-ENLISTMENT PROCEDURES

(All references pertain to AFROTC 36-2011, unless noted)

<table>
<thead>
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<th></th>
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<tr>
<td>1</td>
<td>Was scholarship activation, contract data, and tuition estimates updated in WINGS database within 5 workdays as applicable? (4.16.4)</td>
<td></td>
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<tr>
<td>2</td>
<td>Was a copy of the DD Form 4 and AF Form 1056 provided to the enlistee? (11.6)</td>
<td></td>
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<tr>
<td>3</td>
<td>Was all required pay data verified as current in WINGS and sent to DFAS to initiate stipend?</td>
<td></td>
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<td>4</td>
<td>Was the university notified of scholarship entitlements and an invoice requested, if applicable?</td>
<td></td>
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<td>5</td>
<td>Was the textbook payments processed or suspense set for payment after the 45th day of the fall term, if applicable? (4.11.2)</td>
<td></td>
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<tr>
<td>6</td>
<td>Was reserve/guard unit notified that the cadet given the conditional release was enlisted, if applicable, (send copy of DD 368 or DD 4 to reserve guard unit or ARPC with attachments)? (11.11.7)</td>
<td></td>
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</tbody>
</table>

Remarks Section:

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I certify that the above actions have been completed.

NAME/RANK

DATE

SIGNATURE

AFROTC FORM 63, 20180615 (BACK)

AFROTCI 36-2011

PREVIOUS EDITIONS ARE OBSOLETE.
Attachment 14

AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING

Figure A14.1. Air Force Dependency Policy Statement of Understanding.

I, [Signature], have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. (Non-contract Cadet) If I am/become unmarried or marry (to include a common-law spouse) a military member (including another AFROTC cadet), and become responsible for any family member incapable of self-care I must acquire and maintain an approved Family Care Plan IAW AFI 36-2908, Family Care Plans, that will adequately cover my time in AFROTC. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

b. (Contract Cadet) If I am disenrolled from AFROTC after becoming a contract cadet I am subject to call to EAD in my enlisted grade, recoupment of scholarship benefits or release. If I have more than two (three with an approved waiver) dependents incapable of self-care I do not meet enlisted accession standards and cannot be subject to EAD in my enlisted grade. I can only be subject to recoupment or release.

1st Ind, Application

[Signature] / [Date]

Cadre Signature

2nd Ind, Enlistment

[Signature] / [Date]

Cadre Signature

NOTE: Cadet and detachment representative must sign statement at time of application. Statement must be recertified by the cadet and detachment representative at time of enlistment.
AU MAC STUDENT STANDARDS OF CONDUCT TRAINING AGREEMENT

SECTION I. STUDENT/CADET/OFICER TRAINEE INFORMATION

NAME: (Last, First, Ml)

RANK: CADET

ORGANIZATION: AFROTC DET 465

CLASS/FLIGHT: N/A

PHONE:

SECTION II. OBLIGATIONS

READ ALL STATEMENTS CAREFULLY

NOTE: Initial only after careful review. Failure to comply could result in disciplinary action.

INITIALS

1. I have read and understand AFI 36-2909, Professional and Unprofessional Relationships, AETCI 36-2909, Recruiting, Education, and Training Standards of Conduct, and AU Mission Area Commander Guidance.

2. I understand that AFI 36-2909, AETCI 36-2909 and AU MAC Guidance applies to all individuals assigned or attached to, or operating in an AU unit as an Instructor, recruiter, cadre member, faculty or staff member, as well as to students, cadets, trainees, DoD civilians, international military or civilian personnel, and contractor personnel. I understand that the AETCI 36-2909 applies from initial contact with an applicant and continues to apply throughout all entry level and initial skills training, including breaks in between. It also applies when an individual returns to AU as a student for continuing professional education or training courses.

3. I understand military members who violate AFI 36-2909, AETCI 36-2909, or the AU MAC Guidance are subject to prosecution or disciplinary actions under Article 82 of the Uniform Code of Military Justice (UCMJ), as well as any other applicable article of the UCMJ. Civilian personnel who violate AFI 36-2909, AETCI 36-2909, or AU MAC Guidance are subject to disciplinary action under AFI 36-704, Discipline and Adverse Actions.

4. I understand a "student," "cadet," and "officer or enlisted trainee" includes military and civilian personnel who are assigned or on temporary duty to other AETC bases, wings, detachments, or schools to attend training or courses of instruction for officer training and accessions, entry level training, initial skills training, technical training, reporting to their permanent duty stations, professional continuing education, or other training and developmental courses.

5. I understand these rules apply to personnel who are awaiting, have completed training or instruction, as well as those who have been eliminated or disenrolled from training or instruction and are awaiting reassignment or discharge. I understand my special responsibilities apply to all AETC students, cadets, trainees, or other entry level or Initial skills students, in every AETC course of instruction, under every circumstance, until six months after they complete initial skills training, and are no longer a student, cadet, or trainee but are signed in as a permanent party of their duty location.

6. I understand that instructors, recruiters, faculty, and staff must also follow these rules and must dedicate themselves to conduct that is professional and in line with Air Force standards of conduct.

7. In accordance with the above regulations, I WILL NOT do the following with ANY instructor, recruiter, cadre member, faculty or staff:

   a. Engage in any social contact of a personal nature while in a training environment.

   b. Establish or attempt to establish personal, social contact or develop a relationship of a personal, intimate or sexual nature. This includes but is not limited to: kissing, hand holding, embracing, caressing and engaging in sexual activities. Personal social contact or personal relationships are prohibited whether conducted face-to-face or via cards, letters, emails, telephone calls, instant messages, video, photograph or by any other means.

   c. Suck or accept sexual advances or favors

   d. Gamble

   e. Lend or borrow money, hire for services (babysitting, moving, etc.) or establish a business together

   f. Establish a common household (share the same living area) unless required by military operations

   g. Attend social gatherings, other than approved official functions, or frequent clubs, bars or theaters together unless it is an outside the classroom event approved by my commander

   h. Accept or consume alcohol unless it is at an event approved by my commander

8. I WILL NOT allow even the appearance of an unprofessional relationship exist between myself and an instructor, recruiter, cadre member, faculty or staff member.

9. I WILL NOT engage in, nor tolerate in others, maltreatment, maltraining, or hazing under any circumstances.

10. I WILL dedicate myself to conduct that is professional and beyond reproach.

11. I understand I should report any allegations of a violation of AFI 36-2909.

12. I WILL REPORT any and all incidents of maltreatment, maltraining, hazing, unprofessional relationship, or inappropriate social conduct about which I learn, whether through personal observation, and course surveys, critiques (anonymous or otherwise), or oral accounts from any party (students, cadets, officer or enlisted trainees, instructors, recruiters, cadre members, faculty or staff).

I WILL BE ALERT TO ANY VIOLATION, OR PERCEIVED VIOLATION, OF THE GUIDELINES ABOVE. I WILL ALWAYS REMAIN AN EXAMPLE OF PROFESSIONALISM AND HONOR.

DATE

SIGNATURE

AU FORM 19, 20171201
AUSUP/AFI 36-2909
USA DRUG AND ALCOHOL ABUSE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Chapter 31, Sections 504, 505, 506, 513, Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

PURPOSE: To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/enlistments.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.

DISCLOSURE: Voluntary, however, failure to furnish personal identification information may negate the enlistment/commissioning application.

SORN(s): F036 AF PC H, Air Force Enlistment/Commissioning Records System.

SECTION I. DEFINITION OF TERMS

ADVERSE ADJUDICATION: An adverse adjudication (adult or juvenile) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.


ALCOHOL ABUSE: Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol.

NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person’s misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

DRUG ABUSE: The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

ILLEGAL DRUGS: Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, crackamphetamines, (to include yseric acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (paint, glue, and others), amphetamines (speed), methamphetamines (ice), barbiturates (downers), and anabolic steroids.

MARIJUANA: Any intoxicating organic or synthetic cannabinoid or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salvia divinorum or salvinorin or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KX Knockout 2" or variant thereof by whatever name it may be called.

SECTION II. CERTIFICATION AT TIME OF APPLICATION

WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM. If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED. Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

INITIAL YES/NO BOXES AS APPLICABLE

| I have read and understand the definition of the terms above. | YES | NO |
| Have you ever used or experimented with marijuana? (Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Presence marijuana use may render you ineligible for certain skills.) | YES | NO |
| Have you ever experimented with, used, or possessed any illegal drug or narcotic? | YES | NO |
| Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics? | YES | NO |
| Have you ever been treated or undergone rehabilitation for drug or alcohol abuse? | YES | NO |
| Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days? | YES | NO |

SECTION III. STATEMENTS OF UNDERSTANDING

INITIALS

During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (including marijuana) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (including marijuana) or any alcohol abuse as described above, FROM THIS DATE FORWARD, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE NAME (Last, First, M.I.) AND SSN OF APPLICANT SIGNATURE

AF FORM 2030, 20170815 PREVIOUS EDITIONS ARE OBSOLETE

Prescribing Directive AFIC36-2002 PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974
### WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, M.I.) AND GRADE OF WITNESS</th>
<th>SIGNATURE</th>
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**REMARKS**

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### SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT

I have read and fully understand all the information on this form.

I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.

I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, M.I.) AND SSN OF APPLICANT</th>
<th>SIGNATURE</th>
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### WITNESS

I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME (Last, First, M.I.) AND GRADE OF WITNESS</th>
<th>SIGNATURE</th>
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</table>
AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT
DET 465 / UNIVERSITY OF NEBRASKA-LINCOLN

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoD 1308.3.

3. CADET/APPLICANT MEASUREMENTS

4. AIR FORCE WEIGHT STANDARDS
(found on reverse)

5. BODY FAT MEASUREMENT

6. BODY FAT STANDARDS:
   FEMALE - 20%
   MALE - 16%

7. CHECK APPLICABLE BOX
   □ IS WITHIN AIR FORCE WEIGHT STANDARDS
   □ EXCEEDS AIR FORCE WEIGHT STANDARDS
   □ IS BELOW AIR FORCE WEIGHT STANDARDS

8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

   1. (print name) ___________________________ HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

   2. (If Cadet/Applicant IS BELOW AIR FORCE WEIGHT STANDARDS)
   I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. ___________________________ (Medical Authority Initials)

   3. (If Cadet/Applicant EXCEEDS AIR FORCE WEIGHT STANDARDS)
   I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. ___________________________ (Medical Authority Initials)

   4. (For All Cadets/Applicants)
   I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

EXAMINATION DATE

PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

AFROTC CADRE: REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE

AFROTC CADRE SIGNATURE

AFROTC FORM 28, 20180423
AFI 36-2905_AFROTCSUP
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STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974


PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

Mandatory or Voluntary Disclosure: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial) [ ] SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixed travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.

In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile.

Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE [ ] CURRENT MAILING ADDRESS (Include ZIP Code) [ ] DATE

DD Form 2058, FEB 77
Form W-4 (2019)

Future developments. For the latest information about any new developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply:
• For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages. You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 of the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1992-20, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions
Personal Allowances Worksheet
Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as a qualifying child who doesn’t meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

W-4

Department of the Treasury
Internal Revenue Service

Form W-4

[Handwritten Signature]

Employee’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

Date

First date of employment

Employer identification number (EIN)

OMB No. 1545-0074

2019

1 Your first name and middle initial

2 Your social security number

3 Single Married (check only one)

4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from the applicable worksheet on the following pages)...

6 Additional amount, if any, you want withheld from each paycheck...

7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption:

   • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

   If you meet both conditions, write "Exempt" here...

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2019)
INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc.). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Tel, First, Initials)

TELEPHONE NUMBER (WORK)

(Home)

2. TYPE OF ACCOUNT

☐ Checking
☐ Savings

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Click One)
☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Click One)
☐ SAVINGS
☐ CHECKING

ACTION
(Click One)
☐ START
☐ CANCEL
☐ CHANGE

AMOUNT
(Click One)
☐ INCREASE TO:
☐ DECREASE TO:

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

* EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

FMS FORM 2231

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 4-90 IS OBSOLETE
PRIVACY ACT STATEMENT
The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE
You may use this form to provide instructions for processing your net salary. You may also use this form for processing allotments and other agency-approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)

2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)

3. DIRECT DEPOSIT ACCOUNT INFORMATION
   ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
   ACCOUNT NUMBER (your account number at your financial institution)
   ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
   FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

4. ALLOTMENT INFORMATION
   ALLOTMENT TYPE
   SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)
   Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

   DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

   TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)
   ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)
   AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate $ amount.)

   ALLOCTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.
   ALLOCTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.
   ALLOCTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.
   FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION
   Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.