Instructions for completion of CCFm 139-R Do not write below = these are instructions-only fill out Pages 1& 2 ONLY/Signature required at the bottom of page 2

5-90311998: 1:F Greeneralt Harme, 1881/990 rst name, a d 1b. FULL middle name.

2 SSN: Self expla atory

3. College ID Number assig ed by school if dif erent than SSN

4. Email (school email)

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

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

7. Per anent 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 country

11. Religious **Blu**ef rence: *f*

K

BY

. Blood Type: A BIAB/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/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 explaration)
- 24. Next to Kin (Family member full Name) 24a. Address (Full address to include city, state and Zip Code)
 24b. Phone i I JpJ Ir Yb oc

38. Other Scholarship: 39. JROTC Experience:

Section 3: Cur ent or Prior Militar Service (To Include