



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 number

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38. Other Scholarship: 39. JROTC Experience:

Section 3: Current or Prior Military Service (To Include

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