

APPLICATION FOR ESTABLISHMENT OF AIR FORCE JUNIOR ROTC UNIT OMB No. 0701-0114/Expires: 20180228

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By direction of the governing authorities of _____, I, _____ hereby apply for active consideration for establishment of an Air Force Junior Reserve Officer Training Corps (JROTC) Unit at _____ under the provisions of Public Law 88-647, Reserve Officer Training Corps Vitalization Act of 1964, Chapter 102; Section 2031, Title 10, U. S. Code, as amended.

SCHOOL INFORMATION

SCHOOL NAME _____ DATE _____

ACCREDITATION AGENCY _____

DATE OF MOST RECENT ACCREDITATION _____ (If your school is new use the current date in this field and remark to such in "Comments That May Enhance Your Application" section.)

SCHOOL TYPE _____ SCHOOL CLASSIFICATION _____ SPECIAL CLASSIFICATION _____

MAILING ADDRESS OF SCHOOL		Check if Shipping Address SAME as Mailing Address <input type="checkbox"/>	SHIPPING ADDRESS OF SCHOOL	
ADDRESS 1:	ADDRESS 1:			
ADDRESS 2:	ADDRESS 2:			
ADDRESS 3:	ADDRESS 3:			
CITY	CITY			
State:	ZIP Code:	State:	ZIP Code:	

PRINCIPAL _____ Phone: _____ ext. _____

FAX _____ EMAIL ADDRESS _____

SUPERINTENDENT _____ Phone: _____ ext. _____

FAX _____ EMAIL ADDRESS _____

SCHOOL DISTRICT _____ DISTRICT ADDRESS _____

CITY _____ State: _____ ZIP _____

ENROLLMENT BY GRADE (If school is new or under construction, project enrollment for all grades to be offered.)	TOTAL ENROLLMENT	GRADUATION RATE
(If your school is only Grades 10-12, put "0" in the Ninth block.)		%
NINTH TENTH ELEVENTH TWELFTH		

DEMOGRAPHIC MAKE-UP OF SCHOOL BY PERCENTAGES Total must add up to 100% **DEMOGRAPHIC MAKE-UP OF SUPPORTED COMMUNITY** Total must add up to 100%

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	Hispanic	White	TOTAL	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	Hispanic	White	TOTAL
						%							%

SCHEDULE TYPE: _____ NUMBER SCHOOL DAYS PER YEAR: _____ NUMBER PERIODS PER DAY: _____ NUMBER MINUTES PER PERIOD: _____

CURRICULUM COURSE CREDIT TYPE: THE AFJROTC CURRICULUM IS APPROVED FOR CREDIT TOWARD GRADUATION (If not currently approved, and never previously tabled by your school district, select "No." If approval is anticipated but contingent upon an offer of an AFJROTC unit, select "Yes" and remark to such in the "Comments that May Enhance Your Application section.") <input type="checkbox"/> YES <input type="checkbox"/> NO	AFJROTC TEXTBOOKS ARE APPROVED FOR USE BY SCHOOL (If not currently approved, and never previously tabled by your school district, select "No." If approval is anticipated but contingent upon an offer of an AFJROTC unit, select "Yes" and remark to such in the "Comments that May Enhance Your Application section.") <input type="checkbox"/> YES <input type="checkbox"/> NO
LEVEL OF SCHOOL EXTRACURRICULAR ACTIVITY: _____	

DOES THE SCHOOL OFFER AEROSPACE EDUCATION COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER JROTC UNITS AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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INSTRUCTOR INFORMATION DISTRICT WILL PAY ABOVE MIP? YES NO DISTRICT SUPPORTS 10 MONTH CONTRACTS? YES NO

NAME OF NEAREST ACTIVE DUTY AIR FORCE BASE: _____ DISTANCE (MILES) _____

NAME OF NEAREST COLLEGE/UNIVERSITY: _____ DISTANCE (MILES) _____

TITLE VI COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TITLE I ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INNER CITY/METRO AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROXIMITY TO POPULATED AREA? DISTANCE (MILES) _____
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I HAVE APPLIED FOR A JROTC UNIT WITH ANOTHER BRANCH OF SERVICE (Please note the other branch(es) here.)

YES NO

IS THERE A CAP UNIT IN COMMUNITY? YES NO

DOES SCHOOL PARTICIPATE IN CROSS-TOWN? YES NO

GIVE REASONS WHY YOUR SCHOOL WANTS AFJROTC

COMMENTS THAT MAY ENHANCE YOUR APPLICATION (Use this section to also explain any fields.)

ADDITIONAL COMMENTS / REMARKS

FORM CONTACT INFORMATION

SCHOOL NAME:

NAME OF REQUESTOR

DATE SUBMITTED

EMAIL ADDRESS

NAME OF SUPERINTENDENT

EMAIL ADDRESS

NAME OF PRINCIPAL

EMAIL ADDRESS

Please print or save your application on your computer and submit either via mail or fax to: 334-953-0247.

NOTE: Unit application will not be processed without accurate contact information.