

APPLICANT INFORMATION

Number (Committee Use Only) _____

Name:

Address:

City/Town: State: Zip Code:

Relationship to RING member/Unit:

Phone: Expected Graduation Date:

School/Other Activities (Athletics, ROTC, Clubs, Civic Service, etc.)

Awards/Honors/Recognition Received:

College/University/School You Plan to Attend:

Expected Area of Study: Accepted? YES NO

Employment Experience (Part-Time/Full-Time) if any:

From	To	Employer	Type of Work
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Explain your needs, goals, and any other information you believe may aid the Selection Committee in its' evaluation process (use additional sheets as necessary):

Signed By: _____