

STUDENT NAME _____

SPECIAL TRACKING INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

1. Were you ever in JROTC
F = Air Force
A = Army
N = Navy
M = Marine Corps
O = None Above _____

2. What is your marital status?
M = Married
D = Divorced
S = Single _____

3. Number of dependents? _____

4. Give your percentile in high school rank.
1 = Top 20%
2 = Top 40%
3 = Top 60%
4 = Top 80%
5 = Below top 80% _____

5. Were you an Eagle Scout? (Y or N) _____

6. Are you the child of a career military member? (Y or N) _____

7. What type of high school did you attend?
1 = Public (graduating class greater than 100)
2 = Public (graduating class less than 100)
3 = Private (graduating class greater than 100)
4 = Private (graduating class less than 100) _____

8. Demographic type:
1 = Urban (city greater than 500,000)
2 = Suburban (city less than 500,000)
3 = rural, farming/country environment _____

9. Medical Insurance: Insurer: _____
Policy Number: _____
SSN: _____