

Instructions for completion of CCF m 139-R

***Do not write below = these are instructions-only fill out
Pages 1&2 ONLY /Signature required at the bottom of
page 2***

~~Section 1: General Information~~
1. First name, last name, and 1b. FULL middle name.

2. SSN: Self explanatory

3. College ID Number assigned by school if different than SSN

4. Email (school email)

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

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

7. Permanent 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

. Blood Type: A B AB/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/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

JpJ Ir Yb

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38. Other Scholarship: 39. JROTC Experience:

Section 3: Current or Prior Military Service (To Include
