



**NORTHWESTERN STATE UNIVERSITY**  
**Department of Military Science**  
**Wise Foundation Scholarship**



The Northwestern State University Reserve Officers' Training Corps (ROTC) is a college program that prepares students to become officers in the U.S. Army. The training a student receives in Army ROTC provides leadership development, military skills, and career training. Courses take place both in the classroom and in the field and are mixed with normal academic studies. Upon completion, an ROTC graduate is commissioned as a Second Lieutenant in the Army.

The Wise Foundation Army ROTC Scholarship is a two-semester scholarship (\$5500-6000 a year) and is designed to assist with paying the first year of college. Applicants must be medically qualified, maintain all eligibility criteria, pass a Physical Fitness Assessment and remain motivated to sign an intent to commission contract before the end of the spring semester their Freshman year to receive benefits for both semesters. By contracting, students are agreeing to serve on Active or Reserve duty as a Second Lieutenant upon graduating their Senior year. Qualified Cadets will be able to apply for an additional ROTC scholarship to cover the remaining three years (Sophomore-Senior).

**\*NOTE:** This scholarship offer is only valid at Northwestern State University of Louisiana.

**Scholarship Eligibility**

To be eligible to participate in this program, an applicant must:

1. Be a citizen of the United States.
2. Be a high school senior, high school graduate or equivalent (GED).
3. Have a minimum SAT score of 1000 or ACT score of 19.
4. Have a current Pre-Participation Physical (Sports Physical).
5. Take and complete the CCFA with passing scores (1 minute pushups, 1 minute situps, 1 mile run) administered by a high school coach, JROTC cadre, or NSU ROTC cadre prior to 31 March.

Events	Push Up	Modified Sit-up	1 Mile Run
Male	30	35	8:00
Female	13	30	10:00

6. Have a minimum cumulative grade point average of 2.5 on a 4.0 grading point system.

**NOTE:** Up to 3 Letters of Recommendation are highly encouraged, but not needed to apply.



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**TIMELINE TO APPLY:**

Applications will be sent to schools for distribution in January

Applications will be due back to the NSU ROTC Department no later than 31 March for review. Please email your packet to [mcdowellr@nsula.edu](mailto:mcdowellr@nsula.edu). If sending your packet by mail, please use the address below.

Northwestern State University Department of Military Science

c/o Mr. Raymond McDowell

418 Caspari Drive, Building 31

Natchitoches, LA. 71497

Interviews for potential recipients will be conducted throughout the month of April.

Notification to the recipients will be conducted during the month of May.

For any questions about this scholarship or required documents, please contact Mr. Raymond McDowell at 318-357-6501 or [mcdowellr@nsula.edu](mailto:mcdowellr@nsula.edu).

**\* DISCLAIMER: By being awarded the 1-year Wise Foundation ROTC Scholarship, you are not committed to any military service. Once contracted the commitment is made to commission as a Second Lieutenant in the U.S Army.**



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**CHECKLIST OF ITEMS TO INCLUDE WITH THE SCHOLARSHIP PACKET:**

- Scholarship Application
  
- Letters of Recommendation
  
- Physical Fitness Assessment Scorecard
  
- Sports Physical Verification
  
- Copy of ACT / SAT Scores
  
- Copy of High School Transcript



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**\*PLEASE PRINT ALL INFORMATION CLEARLY:**

Name \_\_\_\_\_

Social Security # XXX - X X - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Mon Year

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_

Phone # Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email Address (if available) \_\_\_\_\_

Are you currently employed? Full Time / Part Time / No

**CURRENT EMPLOYMENT:**

Name of employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**EDUCATION INFORMATION:**

What is the last school you attended?

Institution: \_\_\_\_\_

Name of School City State: \_\_\_\_\_

What is your highest level of education?

GED  High School Diploma  Other

For what semester/quarter are you applying for a scholarship? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_

What is your SAT / ACT score? \_\_\_\_\_

When do you plan on graduating college? \_\_\_\_\_



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**EXTRA-CURRICULAR ACTIVITIES:**

Extra-curricular activities: events, orgs, teams, positions, community service, etc.

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List your high school accomplishments: awards, scholarships, internships, etc.

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JROTC leadership positions held if applicable

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**OTHER INFORMATION:**

Are you applying at other universities, which ones?

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What college majors are you interested in?

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Do you speak a foreign language? Please list them.

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Have you applied for the 4-year Army ROTC National Scholarship? Yes / No

If you are not awarded the Drake-Wise scholarship, are you still interested in attending NSU?  
Yes / No

List any extracurricular activities that you plan to participate in while in college.

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Describe what you see yourself doing 10 years from today. The scholarship committee realizes that in many cases, applicants will not have decided on career goals. However, complete this section to the best of your ability.

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**I hereby apply for the Wise Foundation Scholarship. The information on this application is accurate to the best of my knowledge. I agree to participate in a written or verbal interview as part of the scholarship application process. I give consent for my school to share my personally identifiable information with NSU ROTC staff to determine eligibility for scholarships including but not limited to my schedule, fees, financial aid information, and my grades.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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# CADET BASIC COURSE (BC) – MEDICAL OPERATIONS PRE-PARTICIPATION PHYSICAL FORM

**MEDICAL HISTORY FORM** Name (Print:): \_\_\_\_\_

DATE OF EXAM: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Age: \_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Gender:  Male  Female

Are you now or have you ever been treated for any of the following:

Allergies:

	YES	NO	EXPLAIN				
Asthma	<input type="checkbox"/>	<input type="checkbox"/>					
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>					
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>					
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>					
Skipped or irregular heart beats	<input type="checkbox"/>	<input type="checkbox"/>					
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>					
Ear/Sinus problems/ear tubes	<input type="checkbox"/>	<input type="checkbox"/>					
Heat Injury/stroke/rhabdomyolysis	<input type="checkbox"/>	<input type="checkbox"/>					
Psychiatric/psychological and emotional difficulties	<input type="checkbox"/>	<input type="checkbox"/>					
Learning Disorders (i.e. ADHD, ADD)	<input type="checkbox"/>	<input type="checkbox"/>					
Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>					
Fainting spells/passed out/head injury	<input type="checkbox"/>	<input type="checkbox"/>					
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>					
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>					
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>					
Seizures	<input type="checkbox"/>	<input type="checkbox"/>					
Sleep disorders (i.e. sleep apnea)	<input type="checkbox"/>	<input type="checkbox"/>					
GI Problems (i.e. abdominal, digestive)	<input type="checkbox"/>	<input type="checkbox"/>					
Surgery List when and what type:	<input type="checkbox"/>	<input type="checkbox"/>					
Serious injury/concussion When and what:	<input type="checkbox"/>	<input type="checkbox"/>					
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>					
Have you ever had an injury (e.g. sprained muscle or ligament tear, or tendonitis, that caused you to miss an athletic event) If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>					
Have you had any fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>					
Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, Physical Therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/Toes
<b>FEMALES ONLY</b>							
Have you ever had a menstrual period	<input type="checkbox"/>	<input type="checkbox"/>					
How old were you when you had your first menstrual period?	AGE:						
How many periods have you had in the last 12 months	#						

**MEDICATIONS:**

List all medications currently used. (If additional space is needed, please photo copy this part of the health form.)  
Inhalers and EpiPen Information must be included, even if they are for occasional or emergency use only.

Medication:

Strength: \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date Started \_\_\_\_\_

Temporary  Permanent

Medication:

Strength: \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date Started \_\_\_\_\_

Temporary  Permanent

Medication:

Strength: \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date Started \_\_\_\_\_

Temporary  Permanent

Medication:

Strength: \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date Started \_\_\_\_\_

Temporary  Permanent

Medication:

Strength: \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date Started \_\_\_\_\_

Temporary  Permanent

**Be sure to bring medications in the original containers and make sure they are NOT expired, including inhalers and EpiPens (approved). You SHOULD NOT STOP taking any maintenance medications. If applicable, ensure you bring two pairs of glasses and prescription.**

**CADET BASIC COURSE (BC) – MEDICAL OPERATIONS** PRE-PARTICIPATION PHYSICAL FORM  
**MEDICAL EXAM FORM**

Name (Print): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BPI: (\_\_\_\_\_/\_\_\_\_\_) BP2: (\_\_\_\_\_/\_\_\_\_\_)  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ (Snell Chart) Was student wearing corrective contacts/glass?  YES  NO Pupils :  EQUAL  UNEQUAL

	NORMAL	ABNORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>				
Eyes	<input type="checkbox"/>	<input type="checkbox"/>		
Ears	<input type="checkbox"/>	<input type="checkbox"/>		
Nose	<input type="checkbox"/>	<input type="checkbox"/>		
Throat	<input type="checkbox"/>	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>	<input type="checkbox"/>		
Heart	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		
Skin	<input type="checkbox"/>	<input type="checkbox"/>		
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>		
Inguinal Hernia	<input type="checkbox"/>	<input type="checkbox"/>		
Emotional Adjustment	<input type="checkbox"/>	<input type="checkbox"/>		
<b>MUSCULOSKELETAL</b>				
Neck	<input type="checkbox"/>	<input type="checkbox"/>		
Back	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>	<input type="checkbox"/>		
Knee	<input type="checkbox"/>	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>	<input type="checkbox"/>		
Foot	<input type="checkbox"/>	<input type="checkbox"/>		
<b>OTHER</b>				
Glasses or Contacts	<input type="checkbox"/>	<input type="checkbox"/>		
Braces	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**Allergies:**

Type of Allergy: Food Biting/Sting Insects Medications Latex Other None

Type of Reaction: \_\_\_\_\_

Treatment Required: \_\_\_\_\_

**Activities at BC each Cadet must be able to fully participate in are:**

- 1) Obstacle Courses involving running, jumping, climbing/scaling and lifting.
- 2) A two mile run for time.
- 3) Maximum pushups for time.
- 4) Maximum sit-ups for time.
- 5) Small unit patrols involving walking many miles wearing metal plated vest, knee/elbow pads, military helmet, rifle and military uniform.
- 6) 10 mile mark wearing 45 lbs of weight in a large backpack.
- 7) Land navigation involving walking 4-5 miles at a rigorous pace over rugged terrain.
- 8) Daily Physical Fitness Training (PRT) using calisthenics, weights and repetitive movements.

**I certify that I have, today, reviewed the health history, examined this person and approved this individual for participation in the above listed activities:**

BC Cleared to participate in full unrestricted military activity (As described above)

BC Not Cleared to participate

Reason: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HCP Printed Name _____ (MD / DO / NP / PA-C) Only
Signature: _____
Address: _____
City, State, Zip _____
Office Phone: _____
Date: _____



## THE WISE FOUNDATION SCHOLARSHIP ROTC PHYSICAL FITNESS ASSESSMENT SCORECARD

<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>	
<b>Authority</b>	10 USC 2102 and 2107
<b>Principle Purpose</b>	Form is used to record the results of applicants' Physical Fitness Assessment.
<b>Routine Use</b>	Form is used to obtain information on applicants applying for a scholarship through the Army ROTC National Program.
<b>Disclosure</b>	Information provided on this form is voluntary. Failure to provide information may delay consideration for a scholarship.

### Administrative Data

Scholarship applicants are required to complete the ROTC Physical Fitness Assessment Scorecard as part of the application process. The assessment consists of three events: Push Ups, Curl Ups, and 1 Mile Run.

### ROTC Applicant Information

Name:	Last 4 SSN:	Gender:	Age:	Ht (in):	Wt (lbs):
High School:					
Signature:		Comments:			

### Test Administrator Information

Name:	Title:	Test Date:
Signature:		Comments:

### The ROTC Physical Fitness Assessment Scorecard Events

Push Up event (1 Min)	Curl Up event (1 Min)	Run event (1 Mile)
<p>Instructions: The student lies face down on the mat in push-up position with hands under shoulders, fingers straight, and legs straight, parallel, and slightly apart, with the toes supporting the feet. The student straightens the arms, keeping the back and knees straight, then lowers the body until there is a 90-degree angle at the elbows, with the upper arms parallel to the floor. A partner holds her / his hand at the point of the 90-degree angle so that the student being tested goes down only until her / his shoulder touches the partner's hand, then back up. To start, a timer calls out the signal "Ready? Go!" and begins timing student for one minute. The student stops on the word "stop." Record number of correct Push Ups.</p>	<p>Instructions: Have student lie on cushioned, clean surface with knees flexed and feet about 12 inches from buttocks. Partner holds feet. Arms are crossed with hands placed on opposite shoulders and elbows held close to chest. Keeping this arm position, student raises the trunk curling up to touch elbows to thighs and then lowers the back to the floor so that the scapulas (shoulder blades) touch the floor, for one curl-up. To start, a timer calls out the signal "Ready? Go!" and begins timing student for one minute. The student stops on the word "stop." Record number of correct Curl Ups.</p>	<p>Instructions: On a safe, one- mile distance, students begin running on the count "Ready? Go!" Walking may be interspersed with running. However, the students should be encouraged to cover the distance in as short a time as possible. Times are recorded in minutes and seconds.</p>
<b>Number of Repetitions:</b>	<b>Number of Repetitions:</b>	<b>Time:</b> <b>Min      Sec</b>