SCHOOL APPLICATION For use of this form see FR Reg 350-1; the proponent agency is DPTMS FROM										
PRIVACY ACT OF 1974										
AUTHORITY: 10 U.S.C., Section 3013.							oc			
PRINCIPAL PURPOSE(S): The Social Security Number is necessary for proper identification of applicant.							MAIL			
ROUTINE USES: None.										
DISCLOSURE: Disclosure of information is voluntary. However, failure to provide the Social Security Number may result in an invalid application which										
will not be proces	sed.						T			
THRU #1 THRU		THRU #2	1 HRU #2		THRU #3			TO MILITARY SCHOOLS, TROOP SCHOOLS FORT RILEY, KANSAS 66442		
POC		POC	POC		POC					
EMAIL		EMAIL	EMAIL		EMAIL					
PHONE		PHONE	PHONE		PHONE					
1. SCHOOL (LC	CATION/CODE)						2. ALTERN	ATE LOCATIO	ON ACCEPTABLE	
								YES	☐ NO	
3 COURSE TITI	E (LIST ONLY ONE COURS	SE PER FORM)					4. COURS	4. COURSE NUMBER		
5. 555.15222 (=:5: 5:12 556.152 / 2:11 5:11)								-		
5. ALTERNATE [DATES ACCEPTABLE	6. SCHEDULE FOR FIF	SCHEDULE FOR FIRST AVAILABLE		7. BEST ALTERNATE TIME FRAME			8. INDIVIDUAL IS NOT AVAILABLE		
YES NO		YES	YES NO		FROM TO			FROM TO		
9.(a) CLASS #	(b) CLASS DATE	(c) RANK/GRADE/SERIES	(d) NAME (LAST, FIRST	, MIDDLE) EMAIL		(e) SSN	(f) BR MOS	(g) UIC	(h) UNIT	
10. REMARKS				11. I CERTIFY THIS TRAINING IS REQUIRED AND ALL NOMINEES MEET						
			FROM (NAME, TITLE)	FROM (NAME, TITLE) THRU		THRU # 2	(NAME, TITLE)			
			SIGNATURE	SIGNATURE DATE SIGNED S		SIGNATUI	GNATURE DATE SIGNED			
DUTY POSITION:			THRU#1 (NAME, TITLE)	THRU # 1 (NAME, TITLE)			RU # 3 (NAME, TITLE)			
SECURITY CLEARANCE: ETS DATE:			SIGNATURE	DATE SIGNED SIGN		SIGNATUI	RE		DATE SIGNED	