ARMY ROTC SUMMER EXTENSION OF BENEFITS COUNSELING FORM

For use of this form, see USACC Regulation 145-1. The proponent agency is ATCC-ROI

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, US Code 2101 and 2104 and 2107 and 2107a.
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to Cadets and AROTC summer benefits.
ROUTINE USES:	To inform the Cadet of the policies associated with an Army ROTC scholarship and summer benefits.
DISCLOSURE:	Disclosure is voluntary. Information is necessary for acceptance of summer benefits.

PART I - ADMINSTRATIVE DATA

Reset Form

Name *(Last, First, MI)*	Cadet ID	Date of Counseling

CIP Code *(STEM only)*	CIP Code Title	ADM Code	Academic Major

Summer Term	Scholarship Category	Expected Start Term	Expected End Term	Mission Set

Bde	Host School	Academic School

PART II - OBJECTIVE

To counsel the Cadet that Scholarship Benefits received for Summer (CY) _____either will count as one of the agreed to scholarship terms, or the scholarship will be extended to cover the term. The Cadet's scholarship will end a term early if the Cadet uses a previously authorized term of benefits, or if an extension of the scholarship is approved, the Cadet may incur an additional active duty service obligation (ADSO) of six months for each semester or four months for each quarter if the scholarship goes beyond the four years.

PART III -- STATEMENT OF UNDERSTANDING

I have been counseled and understand that Scholarship Benefits accepted for Summer (CY)_____ either will count as one of the agreed to scholarship terms, or the scholarship will be extended to cover the term. I further understand that my scholarship will end a term early if I am using a previously authorized term of benefits, or if an extension of the scholarship is approved, I may incur an additional ADSO for any terms I receive beyond four years -- six months for each semester or four months for each quarter.

ACADEMIC SCHOOL: _____

COST OF SUMMER BENEFITS: _____

SUMMER TERM: _____

Total Benefit Terms: _____

Additional Comments:

Cadet Signature **Date**

_____ _____

Professor of Military Science Signature **Date**

_____ _____