

**U.S. Senator Frank R. Lautenberg
New Jersey**



Academy Candidate Fact Sheet

I hereby submit my application to Senator Frank R. Lautenberg for consideration as a nominee to a service academy. I would like to be considered for the class entering the year of _____.

Please Type

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER H: ___/___/___ **COUNTY:** _____

FEMALE: _____ **MALE:** _____ **DATE of BIRTH:** _____

SOCIAL SECURITY #: ___/___/___

TEMPORARY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER H: ___/___/___

HIGHEST SAT/ACT SCORES:

SAT VERBAL: _____

SAT MATH: _____

ACT SCORES: _____

SIGNATURE _____



PLEASE PLACE CURRENT PHOTO
HERE



ACADEMY PREFERENCE

(If more than one, indicate in numerical order)

U.S. Air Force Academy: _____

U.S. Merchant Marine Academy: _____

U.S. Military Academy: _____

U.S. Naval Academy: _____

HIGH SCHOOL and /or COLLEGE ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ / _____ / _____

HIGH SCHOOL GRADUATION DATE: _____

HIGH SCHOOL and/or COLLEGE POINT AVERAGE: _____

RANK: _____

PLEASE ATTACH MOST RECENT TRANSCRIPT AND LIST OF ACTIVITIES

VISUAL ACUITY WITHOUT GLASSES: _____

WITH GLASSES: _____

PLEASE DESCRIBE YOUR HEALTH:

PLEASE DESCRIBE ANY WORK EXPERIENCE:

PLEASE LIST THREE REFERENCES INCLUDING ADDRESS & PHONE NUMBER:

1)

2)

3)

PLUS THREE LETTERS OF RECOMMENDATION

ACCEPTANCE TO A SERVICE ACADEMY CHANGES YOUR LIFE IN MANY WAYS. TELL US WHAT YOU KNOW ABOUT THE FIRST-YEAR SCHEDULE.

HAVE YOU DISCUSSED WITH YOUR PARENTS YOUR INTEREST IN ATTENDING AN ACADEMY? HOW DO THEY FEEL?

WHAT ARE YOUR GOALS? HOW DO YOU EXPECT THE ACADEMY TO AID YOU IN ACHIEVING THEM?

WHAT DO YOU BELIEVE IS GOING TO BE YOUR GREATEST DIFFICULTY IN ADJUSTING TO ACADEMY LIFE?

DESCRIBE YOUR PERSONAL ROLE IN ANY SPECIAL SCHOOL, RELIGIOUS OR COMMUNITY ACTIVITY YOU HAVE BEEN INVOLVED IN RECENTLY.

WHERE DO YOU SEE YOURSELF TEN YEARS AFTER COMPLETING YOUR ACADEMY EDUCATION?

**PLEASE LIST YOUR FAVORITE
SUBJECTS**

**PLEASE LIST YOUR LEAST
FAVORITE SUBJECTS**

EXTRA-CURRICULAR ACTIVITIES

<input type="checkbox"/> Eagle Scout	<input type="checkbox"/> President of Class	<input type="checkbox"/> Key Club
<input type="checkbox"/> Girls Scout/Girls Nation	<input type="checkbox"/> Other Class Office	<input type="checkbox"/> Language or Science Club
<input type="checkbox"/> Boy Scout	<input type="checkbox"/> Student Council Member	<input type="checkbox"/> Officer, Non-School Club
<input type="checkbox"/> Jr. ROTC Officer	<input type="checkbox"/> Other Student Office	<input type="checkbox"/> Church Club
<input type="checkbox"/> President of Student Govt.	<input type="checkbox"/> Editor, School Publ.	<input type="checkbox"/> School Band
<input type="checkbox"/> Girl Scout Gold Award	<input type="checkbox"/> Office, School Club	<input type="checkbox"/> Chorus
<input type="checkbox"/> Yearbook/Newspaper	<input type="checkbox"/> Hours Worked per Week	<input type="checkbox"/> Hours Worked (Summer)
<input type="checkbox"/> Community Award		

ATHLETICS

	Varsity	Junior Varsity	Club
Basketball			
Baseball			
Cheerleading			
Fencing			
Field Hockey			
Football			
Gymnastics			
Lacrosse			
Soccer			
Swimming			
Tennis			
Track			
Volleyball			
Wrestling			

PLEASE RETURN ALL INFORMATION TO:

U.S. Senator Frank R. Lautenberg
Attn: Academy Department
One Gateway Center
23rd Floor
Newark, NJ 07102

This application must be typed, printed out and returned by mail to the above address.

KEEP A COPY FOR YOURSELF.