

2010 Service Academy Nomination Application – Class of 2015

**Congressman Hank Johnson
Georgia Congressional District 4
Deadline: Monday, November 1, 2010, 5:00 pm**

Contact Information

NAME: _____

HOME ADDRESS: _____

COUNTY: _____ STUDENT E-MAIL: _____

HOME PHONE: _____ STUDENT CELL PHONE: _____

DOB: _____ SSN: _____

PARENT OR GUARDIAN'S NAME: _____

PARENT OR GUARDIAN'S DAYTIME PHONE: _____

LOCAL NEWSPAPER: _____

HIGH SCHOOL: _____ SCHOOL PHONE: _____

IF YOU ARE ATTENDING A COLLEGE OR ACADEMY PREP SCHOOL, PLEASE NAME THE SCHOOL:

IF YOU ARE SELECTED FOR A SERVICE ACADEMY, WHICH ACADEMIC AREA DO YOU INTEND TO PURSUE?

ACADEMY PREFERENCE – You are not required to rank all academies. Only indicate a preference for the schools to which you plan to apply.
(PLEASE USE THESE CODES – USAFA, USMMA, USMA, USNA)

_____ 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____ 4TH CHOICE

INDICATING YOUR PREFERENCES WILL NOT IN ANY WAY AFFECT MY CONSIDERATION OF YOUR FIRST CHOICE.

Attach
recent
photo

PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING QUESTIONS

1. Have you ever been involved in an honor violation, placed on school probation or dismissed from school? If so, please explain and attach a school statement detailing the resolution of the situation.

2. What is the most significant contribution that you have made to your school, church or community?

3. Have you, your friends or family members attended a service academy? If so, what is your impression of the experience?

Answers should be handwritten and fit into space provided.

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3469 Lawrenceville Hwy, Suite 205, Tucker, GA 30084
770-939-2016

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ESSAY QUESTION (500 WORDS OR LESS)

Our nation is currently engaged in two wars. Most junior officers face deployment in support of these efforts. What motivations influence your goal of becoming an officer in the United States Armed Services during a period of increased danger and potential personal and family sacrifices?

You may use additional paper for the essay, if needed. Please make sure to put your name on each additional page.

ACTIVITIES QUESTIONNAIRE

Please mark the appropriate years that you have participated in an extra-curricular or physical activity in the space provided next to it.

EXTRA-CURRICULAR ACTIVITIES

	Pre-9	9	10	11	12
President of Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Class Office: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President of Student Govt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Student Govt. Office: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy/Girl Scout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's/Girl's State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's/Girl's Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chess Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Air Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AWARDS

	Pre-9	9	10	11	12
Jr. ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model UN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Counselor/Tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varsity Letter Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Clubs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space provided below, please list honors, prizes or awards you have received.

Eagle Scout/Gold Award

National Honor Society

Who's Who or Distinguished High School Student

OTHER AWARDS

ACTIVITIES QUESTIONNAIRE (continued)

PHYSICAL ACTIVITY (Organized school activities only. Indicate number of years of participation in selected categories.)

C=Captain V=Varsity JV=Junior Varsity

C=Captain V=Varsity JV=Junior Varsity

Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weightlifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTRAMURAL PARTICIPATION (Indicate sport & number of years of participation in each sport)

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE (or Community Service)

After School/Weekend Year _____

Position: _____

Employer: _____

Hours Worked per Week: _____

Summer Year _____

Position: _____

Employer: _____

Hours Worked per Week: _____

After School/Weekend Year _____

Employer: _____

Position: _____

Hours Worked per Week: _____

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APPLICANT CONTRACT

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Congressman Johnson promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

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AFFIDAVIT OF DOMICILE

This form is to be completed by the parent or legal guardian of the individual seeking my nomination to a United States Service Academy. If you are not a minor, the form may be completed by you.

This statement establishes that the applicant and his/her parent or guardian is domiciled in the State of Georgia, 4th Congressional District. Domicile is defined as a person's fixed, permanent and principal home for legal purposes.

I, _____, being of lawful age (18) and a resident of _____, Georgia,
(city/county)

do on oath and under penalties of perjury, depose and say:

1. That I am the parent entitled to the custody of, or the legal guardian of _____, a minor, or am the applicant who has reached the age of majority, who has applied to Congressman Henry Johnson for consideration as a nominee to a United States Service Academy; that the said individual is either my son/daughter and is my legal ward who lives with me; and that our/my domicile is

(address, including city or town, state and zip code)

2. This is in evidence thereof, I depose and say that:

I am registered as a voter in _____
(city, county and state)

And I file tax returns and pay state income taxes to the State of _____

Signature Date

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PRINCIPAL/GUIDANCE COUNSELOR OFFICIAL FORM

This form or its equivalent must be completed by your High School Principal, High School Guidance Counselor or High School Registrar.

In a sealed school envelope, please attach to this form the transcript of the final junior grades, or final senior grades if graduated.

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

ADDRESS: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

SCHOOL TELEPHONE: _____

APPLICANT'S YEAR IN SCHOOL: _____ GRADE POINT AVERAGE: _____
4.0 SCALE (must be provided) weighted scale (reference only)

Students must request that the SAT Board scores be sent directly to my office from the College Testing Board, 609-771-7600. My SAT Code is 4809. If a student elects to submit ACT scores, my ACT Code 7354. Scores listed on transcripts are not acceptable.

DATE: _____

SIGNATURE: _____

TITLE: _____

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CHECKLIST

This checklist is for your personal reference only. You may keep these pages.

- _____ Applicant Contract
- _____ Signed Affidavit of Domicile
- _____ Signed letters of Recommendation
 - _____ Math teacher
 - _____ Science teacher
 - _____ Personal
- _____ Extra-curricular and athletic forms
- _____ Principal/Guidance Counselor Official Form
- _____ Official transcripts from high school or college
- _____ Official SAT Scores from the College Testing Board (Code 4809) – **(Scores printed on your transcripts are not acceptable.)**
- _____ Official ACT Scores from ACT, Inc. (Code 7354) – optional – **(Scores printed on your transcripts are not acceptable.)**

If your application is complete and you have an open file with the service academies of your choice, then you will be scheduled for an interview with my Service Academy Nomination Review Board. You will be notified of the date and time of your interview in writing.

US Military Academy
Director of Admissions
600 Thayer Road
West Point, NY 10996-9902
www.usma.edu

US Air Force Academy
HQ USAA/RRS
USAF Academy, CO 80840-9901
www.usafa.af.mil

US Naval Academy
Dean of Admissions
117 Decatur Road
Annapolis, MD 21402-9977
www.nad.navy.mil

US Merchant Marine Academy
Admissions Office
Steamboat Road
Kings Point, NJ 11024-1699
www.usmma.edu

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Helpful Hint!!!

Consider the United States Coast Guard Academy! The Coast Guard Academy does not require a nomination.
To obtain an application, contact:

US Coast Guard Academy
Director of Admissions
15 Mohegan Ave.
New London, Connecticut 06320-4195
1-800-883-8724

Your entire completed application and test scores must be received in my Tucker district office by 5:00 pm, Monday, November 1, 2010 to receive consideration for nomination. Partial applications will not be considered. No exceptions!

- Forms requiring signature

- Applicant Contract – to be signed by applicant
- Affidavit of Domicile – to be signed by parent
- Principal/Guidance Counselor form – to be signed by Principal or Guidance Counselor and included in a sealed envelope with your Official Transcript. If your school's policy requires that the transcript be mailed directly to our office, please provide the school with the address and deadline.

- You will also need three signed letters of recommendation from:

- One math teacher
- One science teacher
- One adult non-family member

Please either mail or deliver the entire application to the following address:

**Service Academy Nomination Review Board
The Office of Congressman Hank Johnson
3469 Lawrenceville Hwy, Suite 205
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