



Congressman Michael E. McMahon
U.S. Service Academy Nomination Application Form

Please rank the Academies to which you will accept a nomination in order of preference (1-4). Include only those to which you are applying for admission.	
_____ U.S. Naval Academy	_____ U.S. Air Force Academy
_____ U.S. Military Academy	_____ U.S. Merchant Marine Academy

I. Personal Data

Full Legal Name	
SS#	
Are You a US Citizen? (<i>circle one</i>)	Yes / No
Permanent Address	
Permanent City, State and Zip Code	
Temp Address (if applicable)	
Temp Address City, State and Zip Code	
Date Temp Address No Longer Applies	
Home phone	
Cell Phone	
Date and Place of Birth	
E-mail address	
Name of Parents/Guardian	
Work Phone(s) of Parents/Guardians:	
Other nominations for which you are applying:	_____ Presidential _____ Vice Presidential _____ Senate

II. Academic Data:

Currently attending:			
_____ High School	_____ Jr. College	_____ 4-yr College	_____ Prep School
Name of High School:			
Date of Graduation:			
G.P.A. (weighted)		G.P.A. (unweighted)	
SAT SCORES*:	V _____	M _____	W _____
Retake SAT Info.	Yes _____	No _____	Date of Retake _____
ACT SCORES:	E _____	M _____	R _____ Sc _____
Class Rank:	_____ of _____ (Top _____ %)		

*Applicants should mail official scores to the Congressional Office on Staten Island.



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II. Extra-Curricular Activities	
<input type="checkbox"/>	Boys' / Girls State or Nation
<input type="checkbox"/>	Eagle Scout
<input type="checkbox"/>	Boy Scout / Girl Scout
<input type="checkbox"/>	Key/Interact Club
<input type="checkbox"/>	National Honor Society
<input type="checkbox"/>	President or Officer of Class/Student Council
<input type="checkbox"/>	President or Officer of School Club
<input type="checkbox"/>	Academic Honors Club
<input type="checkbox"/>	School Band/Chorus
<input type="checkbox"/>	School Newspaper / Yearbook Editor
<input type="checkbox"/>	Jr. ROTC Officer
<input type="checkbox"/>	Debate Club
<input type="checkbox"/>	Language
<input type="checkbox"/>	Hours worked per week (after school)
<input type="checkbox"/>	Hour worked per week (summer)
<input type="checkbox"/>	Church membership
<input type="checkbox"/>	Civic Organizations
<input type="checkbox"/>	Other, please explain: _____ _____

III. Athletics	Varsity	Jr. Varsity	Club
Baseball/Softball	<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"/>
Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<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"/>
Gymnastics	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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IV. Attachments:

You are encouraged to attach a resume or list of honors and awards, activities or any other information you feel is pertinent to your application.

V. Essay:

In advancing nominees for the U.S. Service Academies, the Congressman and his Advisory Committee will, in addition to scholarship, consider character, leadership, goals and motivation of each candidate. On a separate page, please comment on these attributes as they relate to yourself and the mission of the Academy and why you want to attend the Academy.

VI. Signature:

I, the undersigned, declare that the information I have provided on this application is true and correct, and completed to the best of knowledge and belief.

Signature of Applicant

Date

**PLEASE ATTACH
PHOTO HERE**