## APPLICANT CHECKLIST FOR ACADEMY CLASS OF 2015

(Please include your signed checklist with your complete packet)

# I. **Required Materials** to include in your packet

Please make sure to include all of the following materials in your complete packet.

- □ A completed "Service Academy Nomination Application"
- □ An official, sealed transcript from all high schools, junior colleges, or colleges you have attended. This transcript must show your final junior year grades.
- Three letters of recommendation from people who know you well.
   For high school students, one of these recommendations must be from a mathematics or science teacher. Recommendations from family members are not permitted.
- □ **One essay of approximately 500 typed words** explaining why you are seeking this nomination, and why you want to be commissioned to one of our service academies.
- □ Signed checklist

#### II. **Required Materials** that may be sent separately

□ Official SAT or ACT scores. The numerical code to have your scores sent directly to my office is 2425 for the SAT and 7164 for the ACT. If they are noted on your official transcript, please arrange to have the scores submitted directly to my New York office by November 1. Please note that student score reports will not be accepted as official scores. See your guidance counselor for clarification on this.

Please note our **November 1st deadline**. If an applicant's application and required materials are not received by November 1st, the applicant cannot be considered for a nomination. I encourage you to follow up with my office at 212-688-6262 in order to confirm receipt of your completed application.

I have reviewed the checklist and included all of the required materials (section I). I understand that it is my responsibility to ensure that all materials are submitted and my application is complete.

Signature

Date

# SERVICE ACADEMY NOMINATION APPLICATION CLASS OF 2015 SENATOR KIRSTEN E. GILLIBRAND

Please attach recent photo here (Optional)

# PLEASE TYPE OR PRINT LEGIBLY

# **Contact Information**

Name:		
Last	First	MI
Date of Birth:/ Place of	f Birth:	
Social Security #:	Gender: M	/ F
Current Address:		
Street		
Street		
City State Zip County		
Day Phone:	Night Phone:	
Email address:		
Permanent Address:		
Street		
Street		
City State Zip		
Parent(s) or Legal Guardian(s):		
Name	Relati	onship
Street City State Zip		
Street City State Zip		

<u>Academy Preference</u> Please state your first choice and an alternate. If you do not wish to be considered for an alternate, leave that space blank.

First Choice_	
Alternate	

PLEASE DESCRIBE RELEVANT MILITARY EXPERIENCE FOR YOU AND YOUR IMMEDIATE FAMILY MEMBERS: \_\_\_\_\_

\_\_\_\_\_

I have also applied to the following sources for a nomination:

REPRESENTATIVE SENATOR SCHUMER: VICE-PRESIDENT: PRESIDENT: ROTC/ JROTC:	
Education High School(s): Date of Graduation:/	_ Location: City/State
Class Rank: out of GPA:	_(weighted/unweighted)
College (if applicable): GPA: Major/ Minor:	City/ State
Please list all SAT and/or ACT scores ar	
	_
Extracurricular Activities/Honors/Award resumes are welcome):	ds/Sports (attach additional pages if needed –

# Certification

My statements on this form and any attachments to it are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly falsifying these answers will lead to the rejection of my application.

Signature

Date