



Congressman Larry Kissell (NC-08)

Application Form for Service Academy Nomination

Please complete all fields in the form below. You must also apply to each Service Academy separately.

Full Legal Name: _____

Preferred Name: _____ M ___ F ___ (check one)

Current Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: (home) (____) _____ (cell) (____) _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Are you a United States Citizen? Yes ___ No ___ (check one)

Name(s) of Parents or Guardians: _____

Parent/Guardian Address (if different from above): _____

City: _____ State: _____ Zip: _____ - _____

Name of High School: _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Class Rank: _____ Class Size: _____

Cumulative Unweighted GPA: _____ Date of Expected Graduation: _____

SAT Reasoning Scores: Math ___ Critical Reading ___ Writing ___ Composite ___

ACT Scores: English ___ Mathematics ___ Reading ___ Science Reasoning ___ Composite ___

During test taking, please use SAT code 5314 and/or ACT code 7586 to have your official scores sent to the office of Congressman Larry Kissell.

To which Academies are you seeking a nomination?

First Choice _____ Second Choice _____
Third Choice _____ Fourth Choice _____

Please only request a nomination to the Academy(s) you would like to attend and plan to apply. If your preferences change, notify our office before the application deadline. Every attempt will be made to nominate you for your first choice.

You may also seek nominations from other sources (your United States Senators; The President of the United States who nominates children of military personnel; The Vice President of the United States; the Secretary of the Army, Navy, or Air Force, who nominates members of regular military, reserve components, and participants in the ROTC). Have you applied for a nomination from another source?

Yes ___ If yes, who? _____

No ___ If no, why not? _____

Name of hometown newspaper: _____

Is it okay to use your name in a press release after receiving a nomination or appointment?

Yes ___ No ___

APPLICATION AGREEMENT: Please read the following statements before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered for nomination:

It is my sincere desire to attend a U.S. Service Academy and I intend to pursue a vigorous academic course of study if appointed. I understand that attending a Service Academy also requires a minimum of five years of military service following graduation and I fully commit to this responsibility. I am a U.S. Citizen or will be by July 1, 2011. I will be at least 17 years, but not yet 23 years of age, on July 1, 2011. I am not married. I am not pregnant, nor do I have any child support obligations. I am a legal resident of the 8th Congressional District of North Carolina.

I certify that the information I have provided in the application packet is accurate. Any changes to this information will be reported immediately. Additionally, I understand that I will not be considered for a nomination if the required documents are incomplete or are not postmarked by November 1, 2010.

Signature: _____ Date: _____



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Privacy Release Form

The Privacy Act of 1974 requires written consent from the constituent for personally identifiable information to be disclosed to outside sources.

Note: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government.

Full Legal Name: _____ M ___ F ___ (check one)

Current Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: (home) (____) _____ (cell) (____) _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Main Issue/Concern: Permission to share Service Academy nomination file with outside sources.

I freely and willingly authorize Congressman Larry Kissell and his staff to share the contents of my Service Academy Nomination application with members of the Academy Selection Committee. I understand that I may revoke this authorization at any time.

Signature: _____

Date: _____

PLEASE RETURN THESE FORMS & OTHER
REQUIRED ITEMS TO:

Mallory Morris
Attn: Academy Nomination
Office of Congressman Larry Kissell
325 McGill Avenue, Suite 501
Concord, North Carolina 28027

If you have any questions, please contact
Mallory Morris in the Concord District Office at
mallory.morris@mail.house.gov or (704) 786-
1612.