## UNITED STATES SERVICES ACADEMIES NOMINATION REQUEST FORM

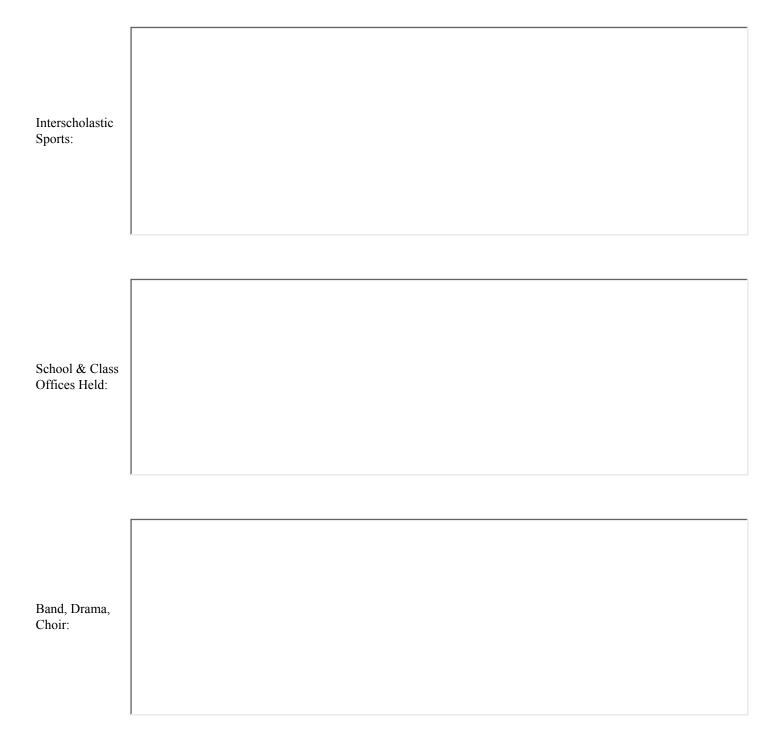
## Congresswoman Lucille Roybal-Allard

34th DISTRICT, CALIFORNIA

<b>Committee on Appropriation</b> Subcommittee on Labor, Health & Hum and Education				<u>WASHINGTON</u> , 2330 Rayburn Hous Washington,	e Office Building
Subcommittee on Homeland Sec	urity			DISTRICT	OFFICE
Subcommittee on Transportation, Housin Development, and Related Agen				255 E. Temple Str	reet, Suite 1860
Democratic Senior Whip				Los Angeles, (213) 628-9230 Fax	
Congressional Hispanic Cauca	IS			http://roybal-alla	
Please number your academy preferences 1-5, 1 being your first choice:					
Air Force: Military	: Na	val:	Coast Guard	: Merchant Ma	rines:
Last Name:	F	irst Name:		Middle Nam	e:
			r		
Permanent Home Address:					
			-		
City:			State:	Zip:	
			_		1
Home Phone:		C	ell Phone:		
Г					
Email:					
Social Security Number: Are you a U.S. Citizen? Gender:					der:
Date of Birth (MM/DD/YYYY): Present Age:					
Name of Parent or Legal Guardian(s):					
Tunie of Futene of Legar Guaranan(s).					
Temporary Home Address (if living aw	vav from home)				
	uj nom nome).				
City:			State:	Zip:	
			State.		
Name of High School:					
High School Street Address:					
Citru	State	7:		High Cakes 1 Dharry	
City:	State:	Zip:		High School Phone:	

Expected Graduation Date:		Class Standing:	Number of Students in Class:
High School GPA:			
ACT Scores: Composite:	English:	Math: Reading:	Science: Combined Eng/Writing:
SAT Scores: Math:	Writing:	Critical Reading:	

Briefly describe your involvement in school activities in the listed categories. Include information relative to the office held and awards and honors received. Show dates of involvement in each activity. Use a separate sheet if needed.



Scholastic Activities, Awards, and Honors	
Other Activities you consider important including work, volunteer activities, etc.	

Provide the names and addresses of three adults who will be completing Recommendation Forms on your behalf. (Select recommenders who are familiar with you, your goals, and your accomplishments, e.g., a teacher, principal, guidance counselor, supervisor, etc.)

Name:	
Street Address:	
City:	State: Zip:
Name:	
Street Address:	
City:	State: Zip:
Name:	
Street Address:	
City:	State: Zip:

Please print this form and mail it together with your Personal Statement, 3 sealed Recommendation Forms, Official School Transcripts, and Official Test Scores no later than **November 30, 2010**, to: Congresswoman Lucille Roybal-Allard ATTN: Service Academies Nomination 255 E Temple St, Suite 1860 Los Angeles, CA 90012