



Service Academy Nominations

Each year I have the privilege of nominating outstanding Alaskan students for appointment to one of the four service academies. The President of the United States officially makes all appointments to the United States service academies. However, each member of Congress is allotted a limited number of nominations, which they may submit for consideration of an appointment (by the academy) to fill the vacancies at each academy. Because securing a nomination does not guarantee an appointment or offer of admission, the entire process is highly competitive. You are therefore encouraged to apply to as many sources as you are eligible, including, but not limited to, your Congressional Delegation and the Vice-President of the United States.

Each applicant seeking a nomination from my office must meet the following eligibility requirements:

- *Age: Must be at least 17 years old, but not yet have passed the 23rd birthday. (25 for the Merchant Marine Academy)*
- *Citizenship/Residency: Must be a U.S. citizen and a legal and permanent resident of the State of Alaska.*
- *Marital Status: Must be unmarried, not pregnant, and have no legal obligation to support children or other dependents.*

In addition to applying to my office for a nomination, you must also complete and submit the requisite admissions application to your academy or academies of choice. It is your responsibility to ensure that the institutions to which you are applying open an admissions file for you. I encourage you to begin your application process to the academies immediately. You can contact each academy by using the information listed below.

United States Air Force Academy
 Director of Admissions
 Colorado Springs, Colorado 80840
 1-(800)-443-9266
www.usaf.mil

United States Military Academy
 Admissions Office
 West Point, New York 10996
 1-(800)-822-ARMY
www.usma.edu

United States Merchant Marine Academy
 Admissions Office
 Kings Point, New York 11024
 1-(800)-732-6267
www.usmma.edu

United States Naval Academy
 Director of Candidate Guidance
 Annapolis, Maryland 21402-5019
 1-(800)-249-7707
www.usna.edu

The United States Coast Guard Academy does not require congressional nominations. If you are interested in attending the USCG Academy, you should contact the Academy directly at USCGA, Admissions Office, New London, Connecticut 06320 (www.cga.edu) or by calling 1-(800)-883-8724.

U.S. Coast Guard Academy
 Admissions Office
 New London, CT 06320-4195
 1-(203)-444-8501
www.cga.edu

My office requires the following information to evaluate your request for nomination:

- **Completed U.S. Military Service Academy Nomination Application** – from the Office of U.S. Senator Mark Begich.
- **Proof of Alaska Residency** – Copy of parents' voter registration, or a Leave and Earnings Statement if you are a military dependent living out of state.
- **Essay** – Essay, 200 words or less, answering questions on application form (must be typed or printed).
- **Two Evaluation Forms** – Completed and sealed (with signature over envelope flap) Teacher/Coach and Counselor/Principal Evaluation Forms (included in academy nomination application).
- **Academic Information**
 - **Sealed official transcript** – (from all high schools, junior colleges, or colleges you have attended).
 - **Class Rank** – (this information must be on your transcript)
 - **Official SAT/ACT Scores** – if transcript does not include a copy of official SAT/ACT scores, please forward your scores from the testing service using the following codes: SAT: 4471 and ACT: 7103.

It is the responsibility of each applicant to make sure that their Military Service Academy nomination packet is complete before it is submitted to Senator Begich's office. No incomplete packets will be considered. All complete packets must be **received** in the Anchorage District Office by December 1st for consideration in the following year.

Application Deadline is December 1st, 2010

**Office of Senator Mark Begich
Attn: Academy Nominations
510 L Street, Ste. 750
Anchorage, AK 99501**

If you have any questions, please contact CW Floyd at 1-(877)-501-6275
or by e-mail at academy_nominations@begich.senate.gov





Attach Current Photo in this space

2009-2010 U.S. Military Service Academy Nomination Application

Office of Senator Mark Begich

Section 1. Personal Information

Last Name		First Name		Middle Initial
Permanent Address (<i>Street Name and Number</i>)		Apt #		
City	State	Zip Code+4		
Temporary Address (<i>If Applicable</i>)		Apt #		
City	State	Zip Code+4		
Home Phone:	Cell Phone:	Other:		
E-mail Address		Social Security #		
Date of Birth (<i>mm/dd/yyyy</i>)	Gender	A.K. Resident? (<i>Yes/No</i>)	U.S. Citizen? (<i>Yes/No</i>)	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2. Academy Preference

Please indicate which academy you would like to attend. If you are interested in more than one academy, please rank them from 1-4 in order of your preference, 1 being the most preferred and 4 being the least. If you do not mark an Academy you will not be considered for that academy.

_____ U.S. Air Force Academy

_____ U.S. Merchant Marine Academy

_____ U.S. Military Academy

_____ U.S. Naval Academy

Please check the box of any other service academy nomination sources to which you are applying:

Senator Murkowski Congressman Young President Vice President JROTC

Section 3. Academic Information

Mail a sealed official transcript from all high schools, junior colleges, or colleges you have attended. The high school transcript must include your class rank if it is applicable.

High School Name	GPA (4.0 scale)	Class Rank
_____	_____	_____ / _____
Address (Street Name and Number)	Expected Date of Graduation	
_____	_____	
City	State	Zip Code+4
_____	_____	_____
Principal's Last Name	Principal's First Name	Principal's Phone
_____	_____	_____
Counselor's Last Name	First Name	Counselor's Phone
_____	_____	_____

(Leave section blank if not applicable)

College Name	GPA (4.0 scale)	Class Rank
_____	_____	_____
Address (Street Name and Number)	Expected Date of Graduation	
_____	_____	
City	State	Zip Code+4
_____	_____	_____
Counselor's Last Name	Counselor's First Name	Counselor's Phone
_____	_____	_____

Only one standardized test score is required. You must send official score reports to our office.

SAT Scores: Code 4471

Reading: Math: Written: Composite:

ACT Scores: Code 7103

English: Math: Reading: Science: Composite:

Section 4. Activities/Athletic Leadership Data

Extra-Curricular Activities: Check the box of any school offices, organizations or clubs in which you have participated.

- | | |
|--|---|
| <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Debate Club |
| <input type="checkbox"/> Student Body President | <input type="checkbox"/> School Newspaper |
| <input type="checkbox"/> Jr. ROTC Officer/Civil Air Patrol | <input type="checkbox"/> Class President |
| <input type="checkbox"/> Eagle Scout/Gold Award | <input type="checkbox"/> Officer School Club |
| <input type="checkbox"/> Boys/Girls State | <input type="checkbox"/> Officer, Non-School Club |
| <input type="checkbox"/> Class Officer | <input type="checkbox"/> Student Body Officer |
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Yearbook Editor |

Other club participation:

Part-time employment:

High School Athletic Participation: List and describe any school offices, organizations or clubs in which you have participated, your contribution to the activity, and any leadership positions held.

Sport:	Varsity Jr.	Varsity	Club	Team Captain
Baseball/Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track and Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Sport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5. Essay

Write an essay, 200 words or less, answering the following questions:

*Why are you seeking a nomination? *Why do you feel you are qualified? *Why do you want to be commissioned?

Section 6. Application Agreement

Please read the following before signing this application, as your signature indicates your agreement with the following statements:

I certify that the answers in this application are truthful and complete to the best of my knowledge. I understand that any nomination, when made, is subject to my meeting the physical, academic and other requirements of the academy of my choice.

Applicant Signature

Date



Letter of Recommendation Form – Teacher/Coach

Please place this evaluation form in a sealed envelope with your signature written across the flap and return to the applicant.

Applicant Last Name	First Name	Middle Initial
_____	_____	_____

How long have you known the applicant and in what capacity?

Tell us about the applicant's talents or strengths.

What do you consider the applicant's weaknesses?

Please describe the applicant's leadership characteristics?

How does the applicant handle stressful situations?

Do you know of any personal circumstances that might affect the applicant's performance at the academy?

Please rank the applicant among his/her peer group:

- Excellent, among the best I have known
 Very Good, stands out in peer group
 Average
 Below Average

General Comments, Evaluation and/or Recommendation (please use additional sheets if necessary):

Recommender Last Name	First Name	Title
_____	_____	_____
Relationship to Applicant	Signature	Date
_____	_____	_____



Letter of Recommendation Form – Counselor/Principal Evaluation

Please place this evaluation form in a sealed envelope with your signature written across the flap and return to the applicant.

Applicant Last Name	First Name	Middle Initial
_____	_____	_____

How long have you known the applicant and in what capacity?

Tell us about the applicant's talents or strengths.

What do you consider the applicant's weaknesses?

Please describe the applicant's leadership characteristics?

How does the applicant handle stressful situations?

Do you know of any personal circumstances that might affect the applicant's performance at the academy?

Please rank the applicant among his/her peer group:

- | | |
|---|--|
| <input type="checkbox"/> Excellent, among the best I have known | <input type="checkbox"/> Very Good, stands out in peer group |
| <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |

General Comments, Evaluation and/or Recommendation (please use additional sheets if necessary):

Recommender Last Name	First Name	Title
_____	_____	_____
Relationship to Applicant	Signature	Date
_____	_____	_____



U.S. Military Service Academy Nomination – Applicant Checklist

1. _____ **Application Form** – Complete application form and attach a photograph.
2. _____ **Proof of Alaska Residency** – Copy of parents’ voter registration, or a Leave and Earnings Statement if you are a military dependent living out of state.
3. _____ **Essay** – Send in essay, 200 words or less, answering questions on application form (must be typed or printed).
4. _____ **Two Evaluation Forms** – Send in completed and sealed (with signature over envelope flap) Teacher/Coach and Counselor/Principal Evaluation Forms.
5. _____ **Academic**
 - _____ Sealed official transcript (from all high schools, junior colleges, or colleges you have attended).
 - _____ Class Rank (this information must be on your transcript).
 - _____ SAT/ACT Scores – If transcript does not include a copy of official SAT/ACT scores, please forward your scores from the testing service using the following codes: SAT: 4471 and ACT: 7103.
6. _____ **Deadline** – COMPLETE U.S. MILITARY SERVICE ACADEMY NOMINATION PACKET MUST BE RECEIVED IN THE ANCHORAGE DISTRICT OFFICE BY **DECEMBER 1st**. NO EXCEPTIONS.

Mail all completed packets to:

Office of Senator Mark Begich
Attn: Academy Nominations
510 L Street, Ste. 750
Anchorage, AK 99501

If you have any questions, please contact CW Floyd at 1-(877)-501-6275
or by e-mail at academy_nominations@begich.senate.gov