

**United States Senator
Dianne Feinstein**



Nomination Application Packet
for the
United States Service Academies
Classes Entering 2011

APPLICANT QUALIFICATIONS

- Applicant must be a United States Citizen and legal resident of California.
- Applicant must be at least 17 years old, but no older than 23 on July 1 of the year he or she enters the academy.
- Applicant must have a high school education or the equivalent.
- Applicant must have high academic standing.
- Applicant must participate in extracurricular and/or community activities which demonstrate leadership qualities.
- Applicant must have received competitive scores on the Scholastic Aptitude Test (SAT) or the American College Testing exam (ACT).

INSTRUCTIONS TO THE APPLICANT:

To be considered for a nomination to one of the United States Service Academies by Senator Feinstein, you are required to submit a complete application packet to Senator Feinstein's office. The following information must be gathered together into **ONE large envelope as a SINGLE APPLICATION PACKET** and mailed by you to her **San Francisco office, POSTMARKED NO LATER THAN NOVEMBER 1, 2010. None of the following should be mailed in separate envelopes.**

- ___ A. Completed application form, typed.
- ___ B. Completed page of extracurricular activities, typed. Attach additional pages only if necessary.
- ___ C. One page essay stating reasons for seeking this nomination, typed.
- ___ D. A small photograph or snapshot with your name on the back.
- ___ E. Official copy of your high school transcript, including courses currently in progress, GPA, and class rank - sealed with signature across the flap.
- ___ F. Official copy of your college transcript (if applicable), including courses currently in progress and GPA - sealed with signature across the flap.
- ___ G. Completed "Counselor/Principal Evaluation Form" - sealed with signature across the flap.
- ___ H. Completed "Teacher/Coach Evaluation Form" from a teacher or coach, sealed with signature across the flap. **Items G and H are the only recommendations which will be accepted. Please do not request any additional recommendations to be sent on your behalf as they will not be considered.**
- ___ I. A xeroxed copy of your official SAT or ACT report, if the report is not being sent directly from the SAT or ACT Board. To have scores reported directly to Senator Feinstein's office, use the following codes:
 - SAT: 4962
 - ACT: 7110
- ___ J. A self-addressed stamped post card with written message indicating you would like to be notified when your application is received. **Due to the high volume of applications, please do not call to verify receipt of your application.**

Send the above information by November 1, 2010, to:

**Senator Dianne Feinstein
Attn: Military Academy Nomination
1 Post Street, Suite 2450
San Francisco, CA 94104**

** If you have not already done so, you need to begin a pre candidate file with each academy in which you plan to apply. Please note that the material you supply our office is separate from what you'll be asked to supply the academies or any other congressional office.

Thank you and good luck!

APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES

APPLICATIONS MUST BE TYPED AND POSTMARKED BY NOVEMBER 1, 2010
PLEASE MAIL TO:

**Senator Dianne Feinstein
1 Post Street, Suite 2450
San Francisco, CA 94104**

NAME: _____
LAST FIRST MIDDLE SOCIAL SECURITY NO.

ADDRESS: _____
STREET COUNTY

CITY ZIP CODE

AREA CODE PHONE

TEMPORARY ADDRESS AND PHONE (If applicable): _____

DATE & PLACE OF BIRTH AGE GENDER HEIGHT WEIGHT

HOW LONG HAVE YOU BEEN A RESIDENT OF CALIFORNIA? _____

FATHER OR GUARDIAN'S NAME DAYTIME PHONE

MOTHER OR GUARDIAN'S NAME DAYTIME PHONE

NAME OF HIGH SCHOOL _____ DATE OF GRADUATION _____

G.P.A. _____ YOUR RANK _____ OUT OF _____

HIGHEST SAT SCORE: VERBAL _____ MATH _____ WRITING _____

HIGHEST ACT SCORE: ENGLISH _____ MATH _____

PLEASE INDICATE ANY FUTURE TEST DATES _____

COLLEGE CURRENTLY ATTENDING (if applicable) _____ COLLEGE G.P.A. _____

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

NAME OF MEMBER OF CONGRESS _____ OF THE _____ DISTRICT

SENATOR BOXER _____ VICE-PRESIDENT _____ PRESIDENT _____ JROTC _____

ARE EITHER OF YOUR PARENTS ACTIVE, RETIRED, OR DISABLED MILITARY? _____

IF YES, NAME OF BRANCH _____

PLEASE SPECIFY PREFERENCE FOR NOMINATION: (1st choice only)

ARMY _____ NAVY _____ AIR FORCE _____ MERCHANT MARINE _____

I hereby state that the information contained in this application is correct, and that it is my intention to attend a military academy if appointed. I am a U.S. citizen and a legal resident of the State of California.

SIGNATURE _____ DATE _____

EXTRACURRICULAR, ATHLETIC, AND EMPLOYMENT INFORMATION

NAME: _____ SOC.SEC.# _____

LIST SPECIAL AWARDS AND HONORS with dates of year awarded:

LIST ALL SCHOOL ATHLETICS (note Captain, Jr.Varsity Letter, Varsity Letter, MVP, All-League, etc.) with dates:

LIST OUT-OF-SCHOOL RECREATIONAL ATHLETICS, with dates:

LIST SCHOOL AND OUT-OF-SCHOOL CLUB MEMBERSHIP AND ACTIVITIES NOTING LEADERSHIP POSITIONS AND HONORS RECEIVED, with dates:

LIST EMPLOYMENT, noting dates and hours per week:

LIST VOLUNTEER INVOLVEMENT, noting dates and hours per week:

**APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES
COUNSELOR/PRINCIPAL EVALUATION FORM**

NAME OF APPLICANT: _____

	LAST	FIRST	MIDDLE
NAME AND ADDRESS OF SCHOOL: _____			
_____			SCHOOL TELEPHONE _____

Junior Class Rank _____ out of _____ #of students GPA _____
Highest SAT Score: Verbal _____ (Date _____) Math _____ (Date _____)

-
1. How long have you known the applicant and in what connection?

 2. What do you feel are the applicant's talents and/or strengths?

 3. What do you consider to be the weaknesses of the applicant?

 4. How would you describe his/her ability to get along with others?

 5. How would you describe his/her leadership characteristics?

 6. How does the applicant handle stressful situations?

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

 8. Please rank this applicant among his/her peer group, to the best of your observation:
___ Excellent, among the best I have known
___ Very Good, stands out in peer group
___ Average
___ Below Average

GENERAL COMMENTS, EVALUATION, and/or RECOMMENDATION:

PRINT OR TYPE TITLE _____ SIGNATURE _____
PRINT OR TYPE NAME _____ DATE _____

**Please place in a sealed envelope with your signature written across the flap and return to the applicant. Please do not mail this completed form separately.