United States Service Academy Application for Nomination Congressman Robert E Andrews

1st Congressional District of New Jersey 515 Grove St., Suite 3C Haddon Heights NJ 08035 856-546-5100 856-546-9529 (FAX)

Please note that all data for application must be received in the Haddon Heights District office by **November 1**st prior to the year of admission to the Academy.

Please indicate your 1 st & 2 nd choice only. It is my desire to attend the United States:	Air Force AcademyMerchant Marine AcademyNaval Academy				
I. Personal Information					
Full Name:					
Legal NJ Address:					
Town: Zip +	4 digit: County				
elephone No:E-mail Address:					
Date of Birth:Place	rth:Place of Birth:				
Height:Social	Security Number:				
Father's Name:	Occupation:				
Mother's Name:	Occupation:				
II. Education/Work Experience:					
Name of High School:	Graduation Date:				
Counselor:	Counselor's Telephone No:				
Are you attending college?if yes, v	where:				
Are you attending Prep School?if y	ves, where:				
Are you employed?if yes, where					
How long have you been employed?					

III. Extracurricular Activities: Please list extra-curricular activities
IV. Other Hobbies and Interests:
V. Athletics: Please list athletic activities and sport teams you participate with

VI. Recommendation Letters:

Please submit at least 3 Academic recommendation letters and any other recommendation letters that will assist the Committee in their decision. Please do not submit letters from family members unless it relates to employment history.

	k History: ibe paying jo		have held.					
	ates and Writ	ting/Math/Ci	ritical Reasor	_			rests:	
(Scores for r	new SAT test	t range from	200-800 for	each section	on: W/M/C	R)		
SAT: 1)	W:	M:	CR:					
2)	W:	M:	CR:					
3)	W:	M:	_ CR:					
ACT:								
1)	E:	_ M:	_ R:	_ S:	C:	_		
2)	E:	_ M:	_ R:	S:	_ C:	_		
3)	E:	_ M:	_ R:	S:	_ C:	_		
	nating Sou lating author		nom you have	e applied f	or a nomina	ntion:		

X. Essay: Please state why you want to attend one of the U.S. Service Academies. (You may use a separate sheet)				
requirements. I certify that I am a legal	aining nominating procedures and am familiar with these I resident of the First Congressional District of New Jersey. If I have November 1 st deadline, I understand that I may not be given final			
Sionature:	Date			

THIS FORM MUST BE COMPLETED BY EITHER THE HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL GUIDANCE COUNSELOR FOR THE CANDIDATE APPLYING FOR A CONGRESSIONAL NOMINATION TO ONE OF THE UNITED STATES SERVICE ACADEMIES.

Name of			
Applicant:			
	First	Middle	Last
Address:			
Street	Town	Z	ip Code
Name of			
School:			
Address of			
School:			
Telephone Numb	er of School:		
Applicant's Year	In School:	Class Rank:	GPA:
SAT: Writing:	Math:	Critical Reason	ning
Last Date Taken:	:		<u></u>
ACT: Highest Co	omposite:	Highest Math	Last Date Taken:
Leadership Characteristics:			
Parcanality Traits	N•		
1 ersonanty i raits	·		
School Activities:			
School Activities:	:		
School Activities:	:		
School Activities:	:		

Congressman Robert Andrews, NJ-0	1
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Application For A Nomination Page

General				
Comments/Recommendate	tion:			
				
Signature:	D)ate:		

PLEASE ENCLOSE A TRANSCRIPT REFLECTING FINAL JUNIOR GRADES AND SEND TO MY DISTRICT OFFICE: REP. ROBERT E. ANDREWS, 515 Grove St., Suite 3C, Haddon Heights NJ 08035 NO LATER THAN November $1^{\rm st}$.