

# INFORMATION ABOUT CONGRESSIONAL NOMINATION TO THE U.S. SERVICE ACADEMIES

\* **How and when to Apply:** The deadline for our office receiving your COMPLETED application for nomination is **October 24, 2014**. For those in college, the same time frame applies.

\* **Admission to the Service Academies:** Admission to the Academies is a two-tiered process. You must first receive a nomination from your Congressman or Senator, and then your application will be reviewed by the Academy for final appointment/admission to the respective Academy.

\* **Where to send request for application:** [Gladys.Mercado@mail.house.gov](mailto:Gladys.Mercado@mail.house.gov) / 860-278-8888 ph.

This application process is for a nomination, and is separate from the application you must complete for the academies. We also encourage you to apply for nomination with your U.S. Senators.

The service academies should be contacted earlier in the calendar year to request candidate information sent directly to your home:

Air Force Academy: Air Force Academy Admissions Office  
HQ USAFA/RRS, 2304 Cadet Drive, Suite 200  
USAF Academy, CO 80840-5025  
<http://academyadmissions.com/>

U.S. Military Academy:  
(West Point) Director of Admissions  
United States Military Academy  
600 Thayer Road  
West Point, NY 10996-9902  
<http://www.usma.edu/>

Naval Academy: United States Naval Academy  
Candidate Guidance Office  
117 Decatur Road  
Annapolis, MD 21402-5018  
<http://www.usna.edu//homepage.php>

Merchant Marine Academy: Admissions Office

United States Merchant Marine Academy

Kings Point, NY 11024-9997

<http://www.usmma.edu>

E-mail: [admissions@usmma.edu](mailto:admissions@usmma.edu)

**Congressman Larson's Academy interviews will be held in mid to late November AFTER both Senators have held their interviews.**

\* You must be at least 17 but not yet 23 years old on July 1 of the year you wish to enter, be unmarried and have no legal obligation to support any child or person.

\* There will be physical aptitude and medical testing requirements to qualify.

\* Congressional nomination does not guarantee acceptance to the service academies, but only assures that your application will be considered first by the review boards. Your application to each academy you are considering should be completed during or before the winter of your senior year.

\* Academically, the majority of students accepted to the academies are in at least the top 20% of their class, with higher than average test scores in Math and English.

\* Most students who receive appointment offers are active at school and in their community, and hold some leadership roles in sports and other extracurricular activities.

## *Office of Congressman John B. Larson*

### REQUIRED DOCUMENTS AND PROCEDURES FOR ALL PETITIONS FOR SERVICE ACADEMY NOMINATIONS

Dear Nomination Candidate:

The process of applying for Congressman Larson's nomination to America's service academies is exciting yet complex and challenging. Our office is eager to learn all about you. However, please be aware that the timely submission, completeness, accuracy, and appearance of your application are all important parts of the selection process. Be sure to carefully read and follow the guidelines outlined below. Above all, keep in mind that mail does get lost from time to time; please keep a copy of all documents that you submit to our office. Thank you.

#### REQUIRED DOCUMENTS

- 1. *Application Form*: Complete and return the application form. This will be mailed to you in July. Please attach a small photograph of yourself to the application.
- 2. *Official Academic Transcript*: Provide a copy of your official academic transcript(s) (high school(s) and/or college). Be sure that all transcripts are originals bearing your school's official seal. Please send us updated transcripts as final grades become available. (College students are required to submit both high school and university transcripts.)
- 3. *SAT or ACT Scores*: Submit all available scores. These scores are often included on your transcript. If this is not the case, please submit a copy of your results with your application or arrange for them to be sent to our office. Our ACT code is 7309 and our SAT code is 3478.
- 4. *Letters of Recommendation*: Obtain recommendations from three people (other than relatives) who know you well and can comment on your character, scholastic ability, etc. Recommendations can be from teachers, guidance counselors, employers, coaches, neighbors, or anyone you feel can honestly evaluate you as a person. Please give each of your designated recommenders one of the enclosed "Recommendation Forms". Please instruct him or her to return their recommendations to you in an envelope with their signature across the seal. All three are to be submitted with your application by **October 24, 2014.** On the application form, please provide the names and contact information of those people whom you expect to write your recommendations.
- 5. *Apply to the Academy directly*: Contact the appropriate Service Academy and begin their application process. This initiates a file in your name at the Academy and permits the Academy to begin evaluating your candidacy.

## PROCEDURES

- 1. All required documents *must* be submitted to Congressman Larson's office *no later than **October 24, 2014*** for you to be considered for a nomination for admission in 2014. The office is located at: 221 Main Street, Second Floor, Hartford, Connecticut, 06106. This deadline will not be extended. There are no exceptions.
- 2. Please be sure to submit all documents to our office as a *complete file*.
- 3. You will be asked to appear for a personal interview. Our Hartford District office will contact you to schedule the interview.
- 4. If, after applying for a nomination, you decide you are no longer interested in an appointment, please notify our office.
- 5. It is not necessary to take the Academy Review Board's Physical Aptitude Exam until the Academy requests you to do so. After you receive a nomination, if you appear to be qualified based on the facts in your Pre-Candidate file, the Academy will make an appointment for you to be examined.

# Office of Congressman John B. Larson

## APPLICATION FOR SERVICE ACADEMY NOMINATION Class of 2019

Please type or print neatly in black/blue ink.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle MM/DD/YY

Permanent Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City or Town State Zip Code

Mailing or Temporary Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City or Town State Zip Code

Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Permanent Residence Temporary/Other

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name : \_\_\_\_\_

Parent's Address (If different than yours): \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City or Town State Zip Code

Email address: \_\_\_\_\_

Academy Choice: (In order of preference: 1, 2, 3, 4, or "Only")

\_\_\_\_\_ Air Force \_\_\_\_\_ West Point \_\_\_\_\_ Naval \_\_\_\_\_ Merchant Marine

High School/College: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City or Town State Zip Code

School Phone #: ( ) \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Class Rank: \_\_\_\_\_ of \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal/Written \_\_\_\_\_ Date Taken: \_\_\_\_\_

Math \_\_\_\_\_ Verbal/Written \_\_\_\_\_ Date Taken: \_\_\_\_\_

ACT Scores (If any): Subject \_\_\_\_\_ Score \_\_\_\_\_ Date Taken: \_\_\_\_\_

Subject \_\_\_\_\_ Score \_\_\_\_\_ Date Taken: \_\_\_\_\_

AP Scores (If Any): Subject \_\_\_\_\_ Score \_\_\_\_\_ Date Taken: \_\_\_\_\_

Subject \_\_\_\_\_ Score \_\_\_\_\_ Date Taken: \_\_\_\_\_

Please list your classes this year (making sure to note the levels: e.g. Honors, AP, etc.):

Semester One	Semester Two

*In the table below, please list the extracurricular, athletic, and community activities in which you participated during high school (and college). From top to bottom, please list the groups in order of their importance to you. Please include any positions held or awards received.*

Activity	Grades Performed	Hours Per Week	Offices Held, Awards Received

*List any awards, honors, or special activities:*

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*Work Experience:* \_\_\_\_\_

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*List any family members who served in the military:* \_\_\_\_\_

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*List any family members who are Academy graduates:* \_\_\_\_\_

*In the nomination process, we hope to learn about each candidate as a whole. Test scores, transcripts and activity lists tell us only so much information about you as a person. Accordingly, the following essay question will help us better understand you and your motivation for attending a United States Service Academy. Please remember that there are no right or wrong answers.*

*Submit your response to the essay question on additional pieces of paper. Please make sure your name is on the top, right hand corner of each page.*

**Essay Question:** Please write about your desire to attend a United States service academy. For example, you may wish to describe the event(s) that made you interested in attending a service academy. Furthermore, you may want to write about a family member or friend who was influential in your decision-making. Whatever topic you chose, paint a clear picture for us of why attending a U.S. service academy is right for you. (The average essay length is between one and three pages.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I swear that the material contained therein is truthful and accurate and the written material is my own.

**PLEASE RETURN THIS APPLICATION NO LATER THAN **October 24, 2014** TO:**

Office of Congressman John B. Larson  
ATTN: Gladys Mercado  
221 Main Street, Second Floor  
Hartford, Connecticut 06106



***Letters of Recommendation Supplement***

Enclosed with this application, please find three identical forms for you to submit to those people who will be writing your letters of recommendation. These recommendations should be returned to you in a sealed envelope with their signature across the flap. Please notify these individuals of your **October 24, 2014** deadline.

Include all three letters of recommendation with your application.

Please provide us with the names of those people who are writing letters of recommendation for your candidacy.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Relation to You: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Relation to You: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Relation to You: \_\_\_\_\_ Years Known \_\_\_\_\_

**Office of Congressman John B. Larson**

RECOMMENDATION FORM FOR APPLICANTS  
FOR CONGRESSIONAL NOMINATION TO U.S. SERVICE ACADEMIES

Dear Sir/Madam:

Thank you for agreeing to recommend this candidate in his or her application for a Congressional nomination to a U.S. service academy. I appreciate your candid evaluation of this student's scholarship and character. For your convenience and privacy, I would ask that you return your recommendation to the applicant in an envelope with your signature across the seal. Please keep in mind that applications are due in our office on **October 24, 2014**. Thank you for your time and cooperation.

JOHN B. LARSON, Member of Congress

Candidate's Name: \_\_\_\_\_  
Last First Middle

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Relationship To The Student: \_\_\_\_\_

How Long Have You Known This Student?: \_\_\_\_\_

If You Are A Teacher, In What Classes Have You Instructed This Student?: \_\_\_\_\_  
\_\_\_\_\_

What Grades Did He or She Receive?: \_\_\_\_\_

**Directions:** Please complete the chart on the other page of this form. For each of the characteristics listed, please evaluate the candidate as compared to other students whom you know or those within his or her class. Please continue these evaluations in depth with a letter in which you describe the candidate as you know him or her. (If you have prepared a recommendation for this student for another college, feel free to submit a photocopy of such a letter.) Please include or highlight any areas of this student's candidacy, which you believe deserve special consideration. Again, thank you for your help.

*Please check the appropriate boxes.*

(If you have no basis for judgment on one or more of these characteristics, do not check any box.)

<b>Characteristic</b>	<b>Poor</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>	<b>Top 1-3% of Class</b>
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively Participates In Extracurriculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Again, thank you for your time. Please include this form with your written comments to the applicant in a sealed envelope. Should you have any questions or concerns, or would like to further comment on this applicant, please contact Gladys Mercado at:

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221 Main St. Second Floor  
Hartford, Connecticut 06106  
(860) 278-8888

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JOHN B. LARSON, Member of Congress

Candidate's Name: \_\_\_\_\_  
Last First Middle

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_

Relationship To The Student: \_\_\_\_\_

How Long Have You Known This Student?: \_\_\_\_\_

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*Please check the appropriate boxes.*

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