

Congresswoman Gloria Negrete McLeod CA-35 4959 Palo Verde Street, Suite 110B, Montclair, CA 91763 Service Academy Nomination Application

Application for Nomination to a United States Service Academy YOU MUST FILL OUT THIS FORM ON YOUR COMPUTER, THEN PRINT IT TO SIGN IT CLICK IN ANY BOX TO TYPE INFORMATION

1. ACADEMY INFORMATION

Which of the academies are you interested in attending? Please number according to your preference. You will be considered only for those academies for which you have indicated an interest and in the order in which you have ranked them below. (1 thru 4)

AIR FORCE

MERCHANT MARINE

NAVAL

MILITARY

| Do you have a pre-candidate file currently at any academy? | Yes | No |
|--|-----|----|
|--|-----|----|

If yes, to which academy?

When did you apply?

State:

| Please check any other so | urces for a nomination to | which you have already | y applied |
|-----------------------------|------------------------------|-----------------------------|---------------------------|
| President | Vice President | U.S. Senator | JROTC |
| Congressional District # (G | o to http://www.house.gov to | find your member of the U.S | . House of Representative |

2. PERSONAL INFORMATION

| Last Name: | First Name | | M.I. |
|----------------------------------|-----------------------------------|-----------------|---------|
| SSN: | Date of Birth Co | untry of Birth: | Sex |
| Father's or Guardian's Name: | | Day Telephone | 2 # |
| Mother's or Guardian Name: | | Day Telephone | 2 # |
| Are either of your parents activ | ve, retired or disabled military? | Yes | No |
| 3. PERMANENT CALIFORNIA | RESIDENCE | | |
| Street Address: | | Apt # | Phone # |
| | | | |

CA County:

Zip Code+4

Email address:

City:



Service Academy Nomination Application

4. TEMPORARY RESIDENCE (only if different from above)

| Address: | | | Apt. # | | City: |
|----------------------------|----------------------------|---------------|--------------------|--------|----------------|
| State | Zip Code+4 | Count | ry (if outside US) | : | Country Code: |
| 5. HIGH SCHO | OL INFORMATION - | REQUIRED OF A | | S | |
| High School: | | Graduation D | ate: | | HS phone # |
| GPA (grades 9 Weighted: | -12 on a 4.0 scale) Unw | eight: | Class r | ank: | # of Students: |
| 6. TEST SCORE | S | | | | |
| HIGHEST SAT | SCORES: | | | | |
| Verbal/English | n: Score: | Date: | | | |
| Writing: | Score: | Date: | | | |
| Math: | Score: | Date: | | | |
| HIGHEST ACT S | CORES: | | | | |
| English: | Score: | Date: | Science: | Score: | Date: |
| English Writin | g: Score: | Date: | Math: | Score: | Date: |
| Reading: | Score: | Date: | Composite: | Score: | Date: |

6. COLLEGE INFORMATION (if applicable)

College currently attending:

College GPA:

The information above is correct. It is my sincere desire to attend a U.S. Service Academy, I am at least 17 but not yet 23 years of age, and I fully intend to vigorously pursue an academic course of study if appointed. I am a U.S. Citizen, or will be by my reporting date to the respective academy; unmarried, not pregnant; have no child support obligation; and a legal resident of State of California and of the 35th Congressional District of California.

PRINT NAME:

SIGNATURE:

DATE:

CONTINUE ON TO PRECEDING PAGE 3, 4 AND 5—FORMS FOR EXTRACURRICULAR ACTIVITIES AND RECOMMENDATION FORMS



Last Name:

Service Academy Nomination Application

Extracurricular Information

APPLICATION INFORMATION

First Name: Date of Birth:

APPLICANT: Please answer the questions below using the space provided; attach additional sheets of paper if needed.

1. Special awards and honors for academic and non-academic activities, with dates.(Add pages, if necessary)

2. School and outside club memberships and activities, **noting leadership positions**, with dates. (Add pages, if necessary)

3. Employment, both after school and in summer, with hours per week and dates. (Add pages, if necessary)

4. Volunteer involvement, with hours per week and dates. (Add pages, if necessary)

5. School athletics, noting Captain, Varsity Letter, MVP, All League, etc. (Add pages, if necessary)

6. Out-of-school recreational athletics, with dates. (Add pages, if necessary)

7. After you have responded to the questions above, give this form to your counselor for certification and sealing.

To the Counselor/Vice Principal: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

| Print Name: | Title: | Date: |
|-------------|--------|-------|
| Signature: | Phone: | |



Service Academy Nomination Application

Counselor / Vice Principal Evaluation

APPLICATION INFORMATION

| Last Name | First Name | Date of Birth |
|---------------------------------|--------------------------------|--------------------------------|
| The person named above is apply | ving for nomination to a Unite | ed States Service Academy. The |

The person named above is applying for nomination to a United States Service Academy. The academies provide a college education leading to commissioning as an officer in the U.S. Armed Forces. The questions asked are here to help us select the best possible candidates. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is greatly appreciated.

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

2. What do you consider the applicant's talent or strengths for leadership?

3. What do you consider the applicant's weaknesses?

4. Do you feel that the applicant personally wants to attend a service academy, or is he or she applying in response to pressure from others?

5. How does the applicant handle stressful situations?

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

7. Please rank this applicant among his/her peer group The best applicant I have seen in many years Excellent; among the best I have known Very good; stands out in peer group

Above average Average Below average

To the Counselor/Vice Principal: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

| PRINT NAME: | TITLE: | DATE: |
|-------------|--------|---------------|
| SIGNATURE: | | PHONE NUMBER: |



Service Academy Nomination Application

Teacher/ Coach Evaluation

APPLICATION INFORMATION

| Last Name | First Name | Date of Birth |
|-----------|------------|---------------|
| | | |

The person named above is applying for nomination to a United States Service Academy. The academies provide a college education leading to commissioning as an officer in the U.S. Armed Forces. The questions asked are here to help us select the best possible candidates. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is greatly appreciated.

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

2. What do you consider the applicant's talent or strengths for leadership?

3. What do you consider the applicant's weaknesses?

4. Do you feel that the applicant personally wants to attend a service academy, or is he or she applying in response to pressure from others?

5. How does the applicant handle stressful situations?

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

7. Please rank this applicant among his/her peer group The best applicant I have seen in many years Excellent; among the best I have known Very good; stands out in peer group

Above average Average Below average

To the Teacher/Coach: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

| PRINT NAME: | TITLE: | DATE: |
|-------------|--------|---------------|
| SIGNATURE: | | PHONE NUMBER: |