



Service Academy Nomination Application

4. TEMPORARY RESIDENCE (only if different from above)

Address: _____ Apt. # _____ City: _____
 State _____ Zip Code+4 _____ Country (if outside US): _____ Country Code: _____

5. HIGH SCHOOL INFORMATION – REQUIRED OF ALL APPLICANTS

High School: _____ Graduation Date: _____ HS phone # _____
 GPA (grades 9-12 on a 4.0 scale)
 Weighted: _____ Unweight: _____ Class rank: _____ # of Students: _____

6. TEST SCORES

HIGHEST SAT SCORES:

Verbal/English: Score: _____ Date: _____
Writing: Score: _____ Date: _____
Math: Score: _____ Date: _____

HIGHEST ACT SCORES:

English: Score: _____ Date: _____ **Science:** Score: _____ Date: _____
English Writing: 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



Service Academy Nomination Application

Extracurricular Information

APPLICATION INFORMATION

Last Name:

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 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 | Above average |
| Excellent; among the best I have known | Average |
| Very good; stands out in peer group | 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 | Above average |
| Excellent; among the best I have known | Average |
| Very good; stands out in peer group | 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: