# U.S. REPRESENTATIVE MIKE COFFMAN COLORADO'S 6th DISTRICT



# United States Service Academy Nomination Application

U.S. Air Force Academy U.S. Merchant Marine Academy U.S. Military Academy at West Point U.S. Naval Academy at Annapolis

**U.S. Representative Mike Coffman** 3300 S Parker Rd, Suite 305 Aurora, CO 80014 (720) 748-7514 (720) 748-7680 Fax

## U.S. REPRESENTATIVE MIKE COFFMAN SERVICE ACADEMY NOMINATION/APPOINTMENT OVERVIEW

The process of gaining admission to a U.S. service academy begins with obtaining a *nomination*. Students may apply to a Member of Congress for a nomination and, after reviewing such applications, that Member will nominate the most promising applicants to the various academies. The decision to offer of an *appointment* will then be made by the academy in question.

In order to be eligible for a nomination, interested applicants must also contact the service academy of their choice and follow their application process as well. It is recommend that high school students contact the service academies in the spring of their junior year and apply for a congressional nomination in the fall of their senior year.

Requirements and qualification standards for the service academies includes:

- Citizen of the United States.
- At least 17 years of age, but not yet reached age 23 by July 1st of the year of entry. (Age 25 for the U.S. Merchant Marine Academy)
- Not married.
- Not pregnant and without legal obligation to support children or other dependents.
- Possess good moral character.
- Be academically competitive.
- Pass a comprehensive medical examination.
- Pass a physical fitness assessment.

Remember, obtaining a nomination to a service academy is only one step in the process. Applicants must also contact the respective academies to inquire about their requirements and application process.

## Service Academies Requiring a Nomination

## U.S. Air Force Academy

2304 Cadet Drive, Suite 2300 Colorado Springs, CO 80840 www.academyadmissions.com rr\_webmail@usafa.edu (800) 443-9266 (719) 333-3012 Fax

#### **U.S. Merchant Marine Academy**

300 Steamboat Road Kings Point, NY 11024 www.usmma.edu admissions@usmma.edu (866) 546-4778 (516) 773-5390 Fax

# U.S. Military Academy

West Point Admissions Building 606 West Point, NY 10996 (845) 938-4041 www.westpoint.edu/admissions admissions-info@usma.edu

#### **U.S. Naval Academy**

52 King George Street Annapolis, MD 21402 www.usna.edu/admissions

## No Nomination Required

U.S. Coast Guard Academy 31 Mohegan Avenue New London, CT 06320 (800) 883-8724 www.uscga.edu/admissions

## U.S. REPRESENTATIVE MIKE COFFMAN REP. COFFMAN'S APPLICATION REQUIREMENTS/PROCESS

Below is a listing of the requirements and items to be submitted to Representative Coffman for consideration of U.S. service academy nomination.

- **RESIDENCY REQUIREMENT** Applicant must be a legal resident of Colorado's 6th Congressional District.
- APPLICATION FORM Complete and sign this U.S. Service Academy Nomination Application form.

## PERSONAL LETTER

Compose a formal letter to Representative Coffman, of 350 words or less, indicating your desire to attend a U.S. Service Academy and make the military your career.

TRANSCRIPTS

Have your academic institution send Representative Coffman an official Academic Transcript. Please ensure the official transcript indicates current GPA.

#### TEST SCORES

Submit copies of ACT and/or SAT scores, if not included on the transcript. (College Board Code: 4715)

#### THREE RECOMMENDATION FORMS

Include the Applicant Recommendation Form to be completed by three separate individuals. One must be from a math or science teacher, one from a principal or counselor, and one from a member of the community. The form may be mailed directly to Representative Coffman's Aurora office by the school or individual.

#### DEADLINE

Each of the above items must be received in U.S. Representative Mike Coffman's District Office by <u>5:00</u> <u>PM Mountain Time on Friday. October 10, 2014</u>. Any applications arriving after this date/time will be eliminated from consideration.

## SEND THE COMPLETED PACKAGE TO:

U.S. Representative Mike Coffman 3300 S. Parker Road, Suite 305 Aurora, CO 80014

#### **APPLICATION TIMELINE**

- Submit your application by October, 10, 2014.
- Interviews will be held in late October. You will be notified of the specifics.
- Nominations will be submitted to the academies by the end of the year.
- Appointment decisions will be made by the academies between February and May.

#### **QUESTIONS?**

Should you have any questions, contact our district office in Aurora at (720) 748-7514

# **U.S. REPRESENTATIVE MIKE COFFMAN** SERVICE ACADEMY NOMINATION APPLICATION

## Full Name

Last Name	First Name	9	Middle Initial				
Legal Address in Colorado		Mailing Address (if different than legal)          Street         City, St Zip					
Street							
City, St Zip							
County		If you are attending college, list college name					
Other Basic Information							
Phone (Home)		Phone (Cell)					
E-mail address							
			<b>—</b>				
	Social Security I	Number	□ Yes □ No Are you a U.S. citizen				
Name(s) of Parents or Legal Gu							
<b>Name(s) of Parents or Legal Gu</b> Last Name	ardians	ame	Are you a U.S. citizen				
<i>Name(s) of Parents or Legal Gu</i> Last Name Last Name	ardians First Na	ame	Are you a U.S. citizen				
Name(s) of Parents or Legal Gu Last Name Last Name High School Information	ardians First Na	ame	Are you a U.S. citizen				
Name(s) of Parents or Legal Gu Last Name Last Name High School Information High School	ardians First Na	ame	Are you a U.S. citizen Relationship Relationship				
Name(s) of Parents or Legal Gu Last Name Last Name High School Information High School	ardians First Na	ame ame Class Rank/Class Size	Are you a U.S. citizen Relationship Relationship Graduation Date				
Name(s) of Parents or Legal Gu Last Name Last Name High School Information High School Counselor's Name Date to take/retake the SAT	ardians First Na First Na	ame Class Rank/Class Size Counselor's Phone # Date to take/retake the AC	Are you a U.S. citizen          Relationship         Relationship         Graduation Date         T				
Date of birth Name(s) of Parents or Legal Gu Last Name Last Name High School Information High School Counselor's Name Date to take/retake the SAT Academy Preference: Please rank Air Force Academy	ardians First Na First Na	ame Class Rank/Class Size Counselor's Phone # Date to take/retake the AC rences 1-4. May be changed at	Are you a U.S. citizen          Relationship         Relationship         Graduation Date         T				

#### ATHLETICS: High School only. Check applicable years.

	JV		Varsity				Le	tter		Captain
<u> </u>	□ 10	□9	□ 10	□ 11	□ 12	□ 9	□ 10	□ 11	□ 12	
9	□ 10	□9	□ 10	□ 11	□ 12	□ 9	□ 10	□ 11	□ 12	
9	□ 10	□9	□ 10	□ 11	□ 12	□ 9	□ 10	□ 11	□ 12	
9	□ 10	□9	□ 10	□ 11	□ 12	9	□ 10	□ 11	□ 12	
EXTRA-CURRICULAR ACTIVITIES										
	Office	er/Deta	il						Officer	⁄Detail
□ Band/Chorus					$\Box$ JRC	OTC		_		
□ Boy Scout					🗆 Key	' Club		_		
□ Boy's/Girl's State					🗆 Lan	iguage (	Club	_		
🗆 Church Group					🗆 Nat	l Hono	r Societ	y		
🗆 Civil Air Patrol					🗆 Nev	vspaper	r/yearb	ook		
$\Box$ Community Award					🗆 Scie	ence Clu	ıb			
□ Drama/Theatre						dent co	uncil/g	ovt		
$\Box$ Eagle Scout					🗆 Oth	er				
□ Girl Scout					🗆 Oth	er		_		

SCHOLASTIC/ATHLETIC: Include awards and honors.

**COMMUNITY/VOLUNTEER ACTIVITIES:** Include hours spent.

EMPLOYMENT: Provide description and hours worked after school and/or in the summer

### PERSONAL LETTER

Please include, on a separate sheet of paper, a formal letter to Representative Coffman, of 350 words or less, describing why you wish to attend a U.S. Service Academy and make the military your career.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I release this information to the Office of U.S. Representative Mike Coffman for use in the Service Academy Nomination process. If I am selected for a nomination, I authorize Representative Coffman to release my name as a nominee to the press.

Signature (Student)

Date

Signature (Parent/Guardian)

Date

## U.S. REPRESENTATIVE MIKE COFFMAN SERVICE ACADEMY NOMINATION APPLICATION

# **Applicant Recommendation Form**

Applicant Name and Signature: To be completed by applicant

Last NameFirst NameMiddle InitialI understand this reference is confidential and that the information provided herein will not be released to<br/>anyone outside the Office of U.S. Representative Mike Coffman, with the exception of the Representative's<br/>designates for the sole purpose of this review process.

Signature of Applicant

**Recommender Name:** To be completed by recommender

Last Name

First Name

## Please indicate your evaluation of the applicant in each of the following areas please circle only one for each area

5 = Excellent	4 = Outstanding	3 = Above Average		2 = Average	e	1 = Below Average		
Ability to perform in a "pressured" environment			5	4	3	2	1	
Motivation/expression	n of interest in a mili	itary career	5	4	3	2	1	
Ability to initiate and	complete a task with	out guidance	5	4	3	2	1	
Leadership qualities a	s exhibited by schoo	l participation	5	4	3	2	1	
Respect and tolerance	e for authority		5	4	3	2	1	
Impression of student as "well rounded"			5	4	3	2	1	
Competitiveness			5	4	3	2	1	

COMMENTS: If you have any comments that you feel will aid us in evaluating the applicant as a prospective nominee, please write them on the back of this sheet or attach a separate sheet.

Signature of Recommender

Date