

CONGRESSMAN ALAN GRAYSON

Florida's 9th Congressional District



SERVICE ACADEMY NOMINATION APPLICATION

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative Alan Grayson, his staff, his Service Academy Nominations Board, the Academy Admissions Office.

This form must be completed electronically. No handwritten application will be accepted. Please type, print, and sign the form, then return it to our office via mail, fax, or email.

I. APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Suffix: _____ Preferred Name/Nickname: _____

Main Phone Number: _____ Secondary Phone Number: _____

Email: _____

Date of Birth (*mm/dd/yyyy*): _____ Social Security Number: _____

Gender: Male Female

Race (*optional, for statistical purposes only*):

White (Non-Hispanic)

Asian

Black or African American (Non-Hispanic)

American Indian or Alaska Native

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Other: _____

Primary Residence Address (*This is your address of record in Florida's 9th Congressional District*)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different): _____

City: _____ State: _____ Zip Code: _____

Parent's or Legal Guardian's Name: _____

Phone Number: _____ Email: _____

Will you be 17 but not yet 23 years of age by July 1 of the year you are admitted? ___Yes ___No

Will you be a United States citizen at the time of enrollment? ___Yes ___No

Are you a resident of the Ninth Congressional District of Florida? ___Yes ___No

Has a parent, grandparent, sibling or other relative attended a Service Academy? ___Yes ___No

If yes, please provide the following information:

Name	Relationship	Academy	Graduation Year

II. ACADEMY PREFERENCES

Please rank each academy in order of preference for attendance (1 through 4) with 1 being your top choice. *(Do not rank any Academy with which you are not actively filing an application)*

___Army ___Navy ___Merchant Marine ___Air Force

Are you applying for a nomination from any other source? ___Yes ___No

___Presidential ___Vice Presidential ___Senatorial ___Congressional ___Other: _____

Have you applied for a nomination in a previous year? ___Yes ___No

If yes, list the academy(ies) and the year:

III. EDUCATION INFORMATION

High School: _____ Telephone Number: _____

Mailing Address: _____

Guidance Counselor: _____ Graduation Year: _____

Grade Point Average (GPA): _____

High School class rank _____ out of _____ class size (*If your school does not rank, please estimate*)

Class Percentile: Top ___1% ___5% ___10% ___25% ___50%

Grade Point Average, Class Rank and Size must be included on your high school transcript. ACT/SAT scores reported on your official certified transcript are acceptable.

Test Scores:

SAT Verbal _____

ACT English _____

SAT Math _____

ACT Math _____

ACT Reading _____

ACT Science/Reasoning _____

ACT Plus Writing _____ (*if applicable*)

Are you scheduled to retake any tests? ___Yes ___No

If yes, list the tests and dates:

List Advanced Placement (AP) courses taken and AP Scores:

College attended (*if applicable*): _____

Mailing Address: _____

Major: _____ Years Attended: _____

Credit hours completed: _____ Grade Point Average: _____

Do you have any additional explanation concerning your transcript or test scores of which you want the interview panel to be aware? *(Attach a separate sheet of paper if necessary)*

IV. ATHLETIC ACTIVITIES *(Attach a separate sheet of paper if necessary)*

Sport	Years in Sport	Special Recognition or Achievement

Have you been in contact with athletic coaches or staff at any Academy? ____ Yes ____ No

If yes, provide the following information:

Academy	Sport	Coach/Contact Name	Telephone Number

V. NON-ATHLETIC/EXTRACURRICULAR ACTIVITIES (i.e., Class President, Boy/Girl Scouts, Debate Club) (Attach a separate sheet if necessary)

Activity/Club	Grade (9-12)	Leadership Roles	Special Recognition or Achievement

VI. PRIOR MILITARY SERVICE

Have you had any prior service with the military? ___ Yes ___ No *(If No, skip to the next section)*

Branch: _____ Years: _____ Highest Rank: _____

Have you served in active combat? ___ Yes ___ No If yes, where: _____ Year _____

List any medals, awards or special achievements:

VII. EMPLOYMENT HISTORY

Employer	Dates	Position	Hours per Week

Motivation for working:

VIII. ADDITIONAL INFORMATION

Is there any other information you want the Congressman or the interview panel to know? (*Attach a separate sheet if necessary*)

IX. PRIVACY STATEMENT

The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all other required documents. I further understand that Representative Alan Grayson's Orlando office must be in receipt of all application materials no later than 5:00 p.m. on the last Friday of October of the current year.

Signature: _____

Date: _____

Keep this sheet for your own records

CHECKLIST

1. _____ Complete Application Form
2. _____ Test Scores
3. _____ Essay
4. _____ Official Transcript(s)
5. _____ Letters of Recommendation (#1_____, #2_____, #3_____)
6. _____ Photo

CONTACT INFORMATION

Mailing Address:	Congressman Alan Grayson Attn: Jose Rodriguez 5842 South Semoran Boulevard Orlando, FL 32822
Phone:	(407) 615-8889
Fax:	(407) 615-8890
Email:	Nominations.Grayson@mail.house.gov *
Website:	grayson.house.gov

**Use this email address: Nominations.Grayson@mail.house.gov to submit your documents. Contact Jose Rodriguez at Jose.Rodriguez@mail.house.gov for general inquiries.*