	GRESSMAN EEZELDIN ISTRICT OF NEW YORK
	Academy Nomination Checklist
Application Due Date:	Supplemental Information Due Date:
<u>Name:</u> Town:	<u>Gender:</u> Academy Graduation Year Applying for:
Phone:	
<u>Cell:</u>	
Please be sure that you are a curren 631-289-1097 with any questions. C contacted to verify the receipt of yo	
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Please be sure that you are a curren 631-289-1097 with any questions. O contacted to verify the receipt of yo <u>If document is contained in file, ple</u> Photo: Application: Essay (500 words):	nce your application has been fully received and processed, you will bur application.
Please be sure that you are a curren 631-289-1097 with any questions. O contacted to verify the receipt of yo <u>If document is contained in file, ple</u> Photo: Application: Essay (500 words): "Why I want to attend a Service Ac	nce your application has been fully received and processed, you will b ur application. <u>ase check off below:</u>
Please be sure that you are a curren 631-289-1097 with any questions. O contacted to verify the receipt of yo If document is contained in file, ple Photo: Application: Essay (500 words): "Why I want to attend a Service Ac SAT/ACT:	nce your application has been fully received and processed, you will b ur application. <u>ase check off below:</u>
Please be sure that you are a curren 631-289-1097 with any questions. O contacted to verify the receipt of yo If document is contained in file, ple Photo: Application: Essay (500 words): "Why I want to attend a Service Act SAT/ACT: High School Transcript:	nce your application has been fully received and processed, you will b ur application. <u>ase check off below:</u>
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Please be sure that you are a curren 631-289-1097 with any questions. O contacted to verify the receipt of yo If document is contained in file, ple Photo: Application: Essay (500 words): "Why I want to attend a Service Act SAT/ACT: High School Transcript: Reference Letters: 1 2 3 Identify which references are missin	nce your application has been fully received and processed, you will b ur application. <u>ase check off below:</u> ademy and why I should receive a Congressional Nomination."

CONGRESSMAN LEE ZELDIN 1 st DISTRICT OF NEW YORK			
	PLICATION FOR A UNITED STATES SERV	ICE ACADEMY NOMINATION	
Personal Information:	First Name:	MI	
D.O.B			
	Zip Code:		
Home Phone:	Cell Phone:		
Email Address:			
	ferent than above, include P.O. box if ap	plicable)	
Father's Name:			
Father's Name: Street Address:			
Father's Name: Street Address: City:	·		
Father's Name: Street Address: City: Mother's Name:	Zip Code:	County:	

iigii Jui	001:	
City:		Date of Graduation:
Counseld	or:	Phone:
Grade Po	pint Average:	
vlease co	omplete the following if you have	any college education:
College:		Credit Hours Completed:
Major:		
<u>Schola</u>	stic Honors:	
Freshn	nan:	
Sopho	more:	
	ional paper may be used if necessa	
<u>College</u>	e Entrance Examinations:	
ACT	1st exam date:	
	2nd exam date:	
SAT	1st exam date:	
	2nd exam date:	

Include clubs, sports, etc. Include lea	dership positions held and Varsity Letters earned. Please also include
out of school activities.	
Freshman:	
Junior:	
Senior:	
College:	
*Additional paper may be used if nec	cessary
Medical:	
Have you ever had asthma or any oth	ner chronic respiratory ailment?
Yes: No:	
If yes, explain:	
Do you have 20/20 vision? Yes	No
Other Potential Sources of Nominati	ions:
Please indicate all other officials who	om you are requesting a nomination from:
Senator Gillibrand:	Senator Schumer:

Academy Preference:	
Please rank the academies in order of your interest. If	not interested in a specific academy, write "N".
U.S. Air Force Academy (Colorado Springs, CO):	
U.S. Merchant Marine Academy (Kings Point, NY):	
U.S. Military Academy (West Point, NY):	
U.S. Naval Academy (Annapolis, MD):	
Employment History:	
Please list any part/full time jobs you hold/held.	
1. Employer:	
Dates employed:	Hours per week:
Manager's name:	Phone:
2. Employer:	
Dates employed:	Hours per week:
Manager's name:	Phone:
3. Employer:	
Dates employed:	Hours per week:
Manager's name:	Phone:
*Additional sheets may be used if necessary	
Acknowledgement: I request that Congressman Lee Zeldin consider my ap academy/academies that I have indicated above. I und acceptance into the academy, and that acceptance can to the academy before requesting a nomination. I understand that the deadline for applications is Frida deadline for the receipt of additional documentation i the requested information by these deadlines, I under	derstand that receiving a nomination is not the same a n only come through the academy itself. I have applied ay, September 30, 2016. I also understand that the is Friday, October 7, 2016. If I have not submitted all o
Applicant Signature	Date

<u>References:</u>		
The applicant should submit three references	attesting to the applica	nt's qualifications and motivation to
attend a service academy (reference forms ar	e attached). Those listed	d as references should not be relativ
of the applicant. Preferred references are hig	h school instructors, gui	dance counselors, coaches, club
advisors, or current/former employers.		
Please list the names of individuals who will b	e submitting references	on your behalf:
1. Name:		
Street Address:		
City:	State:	Zip:
Relationship to Applicant:	Daytir	ne Phone:
Length of time known by Applicant:		
2. Name:		
Street Address:		
City:	State:	Zip:
		no Dhanay
Relationship to Applicant:	Daytir	ne Phone:
Relationship to Applicant: Length of time known by Applicant:		
Length of time known by Applicant:		
Length of time known by Applicant:3. Name:		
Length of time known by Applicant: 3. Name: Street Address:	State:	
Length of time known by Applicant: 3. Name: Street Address: City:	State: Daytir	Zip:

RETURN THE ABOVE APPLICATION BY EMAIL, FAX, OR POSTMARKED NO LATER THAN FRIDAY, SEPTEMBER 30, 2016 TO:

Email: mark.woolley@mail.house.gov

Fax: 631.289.1268

<u>Mail:</u> Congressman Lee Zeldin Attn: Service Academy Nominations 31 Oak Street, Suite 20 Patchogue NY, 11772

(NOTE - If you submit via email, be sure to place the words "Academy Nominations 2016" in the "Subject" line.)

Authorization for Release of Information:

If I am selected for an appointment by an academy and was nominated by Congressman Zeldin, I hereby authorize Congressman Lee Zeldin, and those acting on his behalf, to release my name as an appointee in press releases to any media outlet. I also affirm that all prior information is accurate.

Signature (Student):

Date:_____

Signature (Parent/Guardian-if applicant is a minor):

INTENTIONALLY BLANK

L CONTRACTOR	NGRESSMAN EE ZI DISTRICT OF N	ELDIN
Service Academy Nomination	<u>Reference Form</u>	
Applicant:		
Reference:		
Street Address:		
City:	State:	Zip:
Daytime Phone:	Length of	time known by applicant:
	cademies. In your own words, plea	r him/her for a nomination for admission to one se state your personal knowledge of his/her
PLEASE USE THIS FORM AS A C	OVER SHEET	
Please sign and date your state	ement.	
Return this form and your stateme	ent by email, fax, or postmarked r	no later than Friday, September 30, 2016 to:
	Email: mark.woolley@mail.house.	gov
	Fax: 631.289.1268	
	Mail: Congressman Lee Zeldin Attn: Service Academy Nomin 31 Oak Street, Suite 20 Patchogue NY, 11772	ations