SERVICE ACADEMY NOMINATION APPLICATION

Applicants must directly contact the Academies to open an admissions file. The Academies will return to you their Candidates Kit with specific instructions for their admissions process. **The Congressional nomination materials ARE SEPARATE FROM the materials you must provide to the Academies. It is to your advantage to apply to more than one Academy.**

I wish to be nominated to the following Academy(s) in this order of preference (mark only the academies to which you seek a nomination):

_____U.S. Air Force Academy
_____U. S. Military Academy
_____U.S. Naval Academy
_____U. S. Merchant Marine Academy

Full Name: _____
(Last) (First) (Middle)

SSN: ____/____/____
DOB: _____
AGE: _____
GENDER: M / F

Home Phone: (_____)_____
Cell Phone: (_____)_____
Other: (_____)_____
Email: _____

Permanent Address
_____
_____
_____

Temporary Address (if applicable)
_____
_____
_____

Father's Name: _____
Mother's Name: _____

Work Phone: (_____)_____
Work Phone: (_____)_____

I UNDERSTAND THAT IN ORDER TO RECEIVE CONSIDERATION FOR A NOMINATION, MY **COMPLETE** APPLICATION PACKAGE MUST BE RECEIVED IN THE **NEW ORLEANS OFFICE NO LATER THAN THE THIRD FRIDAY IN NOVEMBER OF EACH YEAR.** I UNDERSTAND THAT, IF ACCEPTED INTO AN ACADEMY, THIS IS A NINE YEAR COMMITMENT. FOUR YEARS IN THE ACADEMY AND FIVE YEARS OF SERVICE UPON GRADUATION.

I MEET ALL ELIGIBILITY REQUIREMENTS SET FORTH IN THIS APPLICATION, AND ALL INFORMATION IS TRUTHFUL AND ACCURATE TO BEST OF MY KNOWLEDGE. I PERSONALLY COMPLETED THIS APPLICATION, AND I UNDERSTAND THAT NO CHANGES OR ADDITIONS MAY BE MADE TO THIS PACKAGE ONCE SUBMITTED.

Applicant's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

It shows extreme responsibility when the student handles all correspondence and contact with my office. Please note that while we understand that sometimes it is easier for the parent to make contact, we prefer to work with you, the student, as this is a major commitment on your part.

PLEASE SEE LAST PAGE FOR COMPLETE PACKAGE CHECKLIST

Internal Use Only
Date Complete Package Received in New Orleans Office:
Signed:

Have you applied for a nomination by another source? If you have received a nomination from another source, please indicate by marking a "check mark" next to the source. Please check all that apply:

- ☐ Senator Landrieu
- ☐ Congressman Scalise
- ☐ Congressman Fleming
- ☐ Congressman Cassidy
- ☐ Service-connected
- ☐ Senator Vitter
- ☐ Congressman Boustany
- ☐ 5th Congressional District
- ☐ Other Congressional Nomination

EDUCATIONAL HISTORY

Name of High School: _____

Address: _____

Phone: _____ Guidance Counselor: _____

Date of Graduation: _____ Estimated Class Rank & Class Size: _____ / _____

Grade Point Average: _____ Grade Scale Used: _____

SAT Composite: _____ Reading: _____ Math: _____ Writing: _____

ACT Composite: _____ English: _____ Math: _____

Reading: _____ Science Reasoning: _____

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

College (if applicable): _____

Grade Point Average: _____ Hours Completed: _____ Major: _____

Applicant Signature: _____

EMPLOYMENT HISTORY

Start with most recent; use additional sheets if necessary.

Place of Employment: _____

Dates Employed: _____ Hours Worked per Week: _____

Reason for Working: _____

Place of Employment: _____

Dates Employed: _____ Hours Worked per Week: _____

Reason for Working: _____

Place of Employment: _____

Dates Employed: _____ Hours Worked per Week: _____

Reason for Working: _____

CRIMINAL INFORMATION

Have you ever been convicted of a felony or misdemeanor?

☐ Yes ☐ No

INCLUDING, BUT NOT LIMITED TO: driving while intoxicated or impaired or disorderly conduct charge

DO NOT INCLUDE: speeding tickets, parking tickets or traffic violations for which you did not receive any points

If yes, explain (attach additional sheets as necessary): _____

_____

MEDICAL INFORMATION

Have you taken or been scheduled to take your Academy Medical Exam (scheduled by DODMERB)?

☐ Yes ☐ No

Have you taken or been scheduled to take your Physical Aptitude Exam?

☐ Yes ☐ No If yes, when? _____

Applicant Signature: _____

EXTRACURRICULAR ACTIVITIES WORKSHEET

ATHLETIC ACTIVITIES: Mark "JV" Junior Varsity or "V" Varsity in the appropriate space. Specify with an "L" if you lettered in the sport. Specify with a "C" if you were Captain of that sport.

HIGH SCHOOL	**9**	**10**	**11**	**12**
Baseball	__	__	__	__
Basketball	__	__	__	__
Cheerleading	__	__	__	__
Cross Country	__	__	__	__
Drill Team	__	__	__	__
Football	__	__	__	__
Golf	__	__	__	__
Soccer	__	__	__	__
Swimming/Diving	__	__	__	__
Tennis	__	__	__	__
Track/Field	__	__	__	__
Water Polo	__	__	__	__
Wrestling	__	__	__	__
Softball	__	__	__	__
_____	__	__	__	__
_____	__	__	__	__

NON-SCHOOL ATHLETICS	
Baseball	____
Basketball	____
Football	____
Golf	____
Gymnastics	____
Running	____
Karate	____
Racquetball	____
Skiing	____
Soccer	____
Softball	____
Swimming	____
Tennis	____
Track/Field	____
Volleyball	____
_____	____

EXTRA-CURRICULAR ACTIVITIES	
Student Body Representative	___
Scouting	___
Church Activities	___
Band/Orchestra	___
Music/Singing	___
Debate	___
Drama	___
School Yearbook/Newspaper	___
Key Club	___
Language or Science Club	___
ROTC	___
Civil Air Patrol	___
_____	___

LEADERSHIP ROLES	
Editor, Yearbook/Newspaper	___
Boys/Girls State	___
Student Body President	___
Class President	___
Student Body Officer	___
Athletic Team Captain	___
Eagle Scout	___
ROTC	___
Other Military Officer	___
Other School Club Officer	___
Non-school Club Officer	___
_____	___
_____	___

AWARDS AND HONORS	
_____	___
_____	___
_____	___

COMMUNITY INVOLVEMENT	
_____	___
_____	___
_____	___

ANY OTHER EXTRA CURRICULAR ACTIVITIES OR AWARDS MAY BE NOTATED IN YOUR RESUME.
Do not attach copies of commendations, certificates, photos, etc.

Applicant Signature: _____

SERVICE ACADEMY NOMINATION BOARD QUESTIONNAIRE

Answer the following question (500 words or less) in the space provided below. Please type or print legibly in black ink.

Why I want to attend a U.S. Service Academy?

Applicant Signature: _____

Checklist for your Congressional Nomination Application Package

REMEMBER: YOUR PACKAGE IS NOT CONSIDERED COMPLETE WITHOUT THE INFORMATION REQUIRED AS INDICATED ON PAGE 2. YOUR APPLICATION PACKAGE PLUS ANY REQUESTED ITEMS MUST BE RECEIVED IN THE NEW ORLEANS OFFICE NO LATER THAN THE THIRD FRIDAY IN NOVEMBER OF EACH YEAR.

PLEASE INITIAL TO INDICATE ITEM IS INCLUDED IN YOUR PACKAGE. PLEASE RETURN IN THE FOLLOWING ORDER, AND RETURN THIS WORKSHEET WITH YOUR COMPLETED PACKAGE:

_____ A current headshot photo (wallet size)

_____ Nomination Application Package, pages 3-8 (6 pages) **Do not forget to sign where requested**

_____ Resume (1 page)

_____ Transcript of your high school record including your final junior year grades
If you are a college student, please include your high school and college transcripts.

_____ Your numerical class rank shown on transcript (please note if your school does not rank)

_____ A copy of your SAT I and/or ACT scores
We will accept scores from the September and October test dates. However, your Nomination Package is incomplete without your test scores, and you will be disqualified if your scores are not received by the time nomination interviews are concluded.

_____ Letters of recommendation (3)

LETTERS OF RECOMMENDATION

Furnish three letters of recommendation supporting your nomination. One letter must be written by your High School Principal or Guidance Counselor. It is not necessary to send certificates, additional letters, photos, etc., as only the required documents will be used for consideration. Letters MUST be included in your package and NOT sent separately.

Name	Title /Organization
1. _____	_____
2. _____	_____
3. _____	_____

Items must be submitted as a package and not individually. Due to space restrictions, only the required materials will be used in consideration of your nomination request.

YOUR COMPLETED CONGRESSIONAL NOMINATION APPLICATION PACKAGE MUST BE SUBMITTED TO:

CONGRESSMAN CEDRIC RICHMOND
ATTENTION: JESSICA SIMEON
2021 LAKESHORE DRIVE, SUITE 309
NEW ORLEANS, LA 70122

Applicant Signature: _____

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