



**United States Senator  
Richard Burr  
Application for  
2008 Service Academy Nomination**

Thank you for your interest in an appointment to one of the United States Service Academies. Please complete this application and return it with the required attachments by November 1, 2008 to the address below.

**Senator Richard Burr  
2000 West First Street  
Suite 508  
Winston-Salem, NC 27104**

**I. Personal Data**

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Permanent Local Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Temporary Address (if applicable) \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Cell Phone Number ) \_\_\_\_\_ Email Address \_\_\_\_\_

Parents(s)/Guardian(s) Name(s) and telephone number(s)

\_\_\_\_\_

\_\_\_\_\_

Date and Place of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Are you a U.S. citizen? Yes / No

Are you a resident of North Carolina? Yes / No

## II. Academy Preference

I wish to be considered for the following academy(s). Please note that in most cases you will only be considered for your first choice.

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you applied for a nomination from any other source including your U.S. Representative or Senator Dole? If so, please list below.

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## III. Medical Information

Do you have any medical problems that you are currently being treated for? If yes, please explain on a different sheet of paper.

Are you currently on any prescribed medications? If yes, please list them on a separate sheet of paper.

Is your eyesight 20/20 uncorrected? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what is your visual acuity uncorrected? Right Eye \_\_\_\_\_/\_\_\_\_ Left Eye \_\_\_\_\_/\_\_\_\_\_

Do your eyes correct to 20/20 with contacts or glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

## IV. Academic Data

Name of High School \_\_\_\_\_

High School Counselor and phone number \_\_\_\_\_

Class Rank \_\_\_\_\_ In a class of \_\_\_\_\_

Graduation Date \_\_\_\_\_

Approximate Grade-point Average:

Weighted \_\_\_\_\_ Unweighted \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ or ACT Scores: Math \_\_\_\_\_

Reading \_\_\_\_\_ English \_\_\_\_\_

I plan to take/retake the SAT/ACT on \_\_\_\_\_ (date).

**SAT scores:** please reference #5478 and **ACT #7165** for the Office of Senator Burr.

## V. Personal Information

Have you ever been charged with or convicted of a felony? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain in detail on a separate sheet of paper.

Are you being recruited by one of the service academies for athletics? If yes, please list below:

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Hometown Newspaper \_\_\_\_\_

## VI. Please attach the following to your application:

- (1) List your extracurricular activities, honors, awards and work experience.
- (2) Include an official transcript of your academic record from your high school along with your SAT and/or ACT scores. This should be in a sealed envelope.
- (3) Attach a recent photograph.

## VII. Signature

**To the best of my knowledge, the information on this form and any attachments/enclosures is true, complete and correct. I am a United States Citizen, or will be on or before July 1, 2008; unmarried; not pregnant; no child support obligation; and a legal and permanent resident of the State of North Carolina.**

**I understand that the deadline for applications is November 1, 2008. If I have not submitted all requested information postmarked by this deadline, I understand that my application will not be given consideration.**

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Signature

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Date

If you have any questions, please call Chad Tilley in my Winston-Salem office at 1-800-685-8916 or by email at [Chad\\_Tilley@burr.senate.gov](mailto:Chad_Tilley@burr.senate.gov). You will receive confirmation via email that your application has been received. Please provide a valid email address.

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