

UNITED STATES SERVICE ACADEMY NOMINATIONS 2009



SENATOR THAD COCHRAN

188 East Capitol, Suite 614

Jackson, Mississippi 39201

601-965-4459

www.cochran.senate.gov

REQUIREMENTS

Residency: Applicant must be a legal resident of Mississippi.

Application Form: The enclosed application, along with the additional required information, should be completed and returned. **It is not necessary for you to send all information at one time.**

Three Recommendation Letters: Choose a math or science teacher, coach, guidance counselor, principal, employer, etc. to write a recommendation letter. Each person writing a letter must place it in a sealed envelope, and sign his/her name across the seal.

Transcript: An official high school transcript, sealed by the school, is required. Your FINAL junior grades must be listed on the official transcript. If you are a college student, final high school and college scores are required. The transcript must be in a sealed envelope.

ACT/SAT Scores: An official copy of your ACT or SAT scores is required. If these scores are included on your transcript, you do not need to submit additional copies.

Deadline: Send the above information to Jo Ann Clark in my Jackson Office at 188 East Capitol Street, Suite 614, Jackson, MS 39201. All information must be received in my office by **Monday, December 8, 2008.**

APPLICATION FOR SERVICE ACADEMY NOMINATION

CONFIDENTIAL APPLICATION

This application must be completed and received no later than **December 8, 2008**, in order for you to be eligible for consideration. Please type or print.

Applicant

Name _____
(Last) (First) (Middle)

Current address _____
(Street Address)

(City) (State) (Zip Code)

County _____ Home number (____) _____

Cell Number (____) _____ Fax (____) _____

Permanent Home Address/Record (if different from Current Address)

(Street Address)

(City) (State) (Zip Code)

County _____

(Out of state residents must have a Mississippi home of record.)

Social Security Number _____

Are you a United States citizen? _____ Are you a Mississippi resident? _____

Date of Birth _____ Age _____

Name of parent(s)/guardian(s) _____

Schools

Name of current/most recent high school _____

Address _____

(Street Address)

(City) (State) (Zip Code) Telephone (____) _____

Counselor _____ Ext. _____

Dates of Attendance _____

Current year in school _____ Grade Point Average _____

Date of graduation _____

Former Schools (list in order, beginning with most recent):

School

Address

Dates Attended

Service Academies

Indicate your preference for a nomination in order of preference:

_____ Air Force _____ Merchant Marine _____ Military _____ Naval

Have you requested a pre-candidate kit from an academy? _____

If so, which academy? _____

Have you applied for a service academy nomination from any other source? _____

(Please indicate below)

President _____ Vice President _____

U. S. Senator _____

U. S. Representative _____

Secretary of _____ (Active Duty Personnel)

Additional Information:

Please type or print your answers to the following questions on a separate piece of paper or submit your resume.

1. List school and community activities that you are involved in.
2. List any awards or honors that you have received.
3. List your hobbies.

Signature (Required)

I affirm that all of the information on this form and all attachments are accurate. I also affirm I am a United States citizen and a resident of the State of Mississippi.

SIGNATURE OF APPLICANT _____

Date of Application _____

Please send completed application to:

Jo Ann Clark
Office of Senator Thad Cochran
188 East Capitol Street
Suite 614
Jackson, MS 39201
601-965-4459 (Phone)
601-965-4919 (Fax)

APPLICATION FOR SERVICE ACADEMY NOMINATION

APPLICATION CHECKLIST

- ___ APPLICATION, including your typed responses to the additional information section

- ___ Official copy of ACT or SAT scores

- ___ Official high school transcript sealed by school including your final Junior grades. Transcript must be in a sealed envelope

- ___ Three recommendation letters in sealed envelopes

All documentation should be sent by **Monday, December 8, 2008** to:

Jo Ann Clark
Office of Senator Thad Cochran
188 East Capitol Street
Suite 614
Jackson, MS 39201
601-965-4459 (Phone)
601-965-4919 (Fax)