United States Senate

Barbara A. Mikulski



Dear Academy Applicant:

Thank you for contacting me regarding a nomination to one of the United States Service Academies. It is my pleasure to provide you with all the information required to apply for my nomination.

Making nominations to the Service Academies is one of my most important responsibilities as a United States Senator. I trust you are applying for one of these nominations because it is your wish and desire to be a career officer in the United States Armed Forces or as an individual dedicated to serving the interests of our nation as a Merchant Mariner. I am very proud of my nominees and their commitment to serving our country.

1. Minimum Requirements

All applicants must meet the following basic criteria in order to be considered for my nomination:

- You must be a citizen of the United States and domiciled in Maryland. Domicile is defined as a person's fixed, permanent and principal home. You are domiciled in Maryland if your parent, legal guardian, or you vote and file state income tax returns in Maryland.
- Applicants to the Air Force, Military or Naval Academies must never have been married nor have any dependents.
- You must be at least 17 years of age, but not older than 23 years of age by July 1, 2010 to apply to the Air Force, Military or Naval Academies.
- For the Merchant Marine Academy, you must be at least 17 years of age, and not have passed your 25th birthday on July 1, 2010.

2. How are Nominees Selected?

- Service Academies make the final decision on who is appointed.
- All applicants who fully complete my application will be notified in early November as to whether or not they will receive an interview with my review board.
- No applicant will receive an interview with my board unless a file is open at the Service Academies stated in this application.
- I will notify you of your nomination by the end of the year.
- In addition to seeking my nomination, you must contact the Admissions Officer at each Academy directly to initiate a pre-candidate file.

3. Facts and Figures:

Last year, over 350 students filed an application with my office, and 252 students were interviewed. For each vacancy I have at each Academy, I may nominate ten candidates.

- Over 68% of students listed the US Naval Academy as their first choice.
- 14% listed the US Air Force Academy as their first choice.
- 13% listed the US Military Academy as their first choice.
- 5% listed the US Merchant Marine Academy as their first choice.

As you can see from the above statistics, it is to your distinct advantage to apply to more than more one Academy.

4. Completing the application

You must have a completed application postmarked or received in my Baltimore Office by October 23, 2009 at 5 PM in order to be considered for a nomination.

Electronic copies of my application are posted on my website at: http://mikulski.senate.gov

I **strongly** recommend that you register with my online application manager in order to view and receive updates on the status of your application. If you have any questions about the nomination process, please contact my nominations coordinator, Molly Rogers, in my Baltimore Office at 410.962.0046 or academy@mikulski.senate.gov

- 1) Complete this application, which is the first item on the online checklist.
- 2) You will also need to submit your <u>signed</u> letters of recommendation,
 - o One from a math teacher
 - o One from a science teacher
 - One from an adult non-family member
- 3) In addition to the letters of recommendation, you must also submit the following signed documents:
 - Affidavit of Domicile
 - Applicant Contract
 - o Counselor Official Form with unweighted GPA
 - Official high school transcript
- 4) Either fax this completed application to 202.224.8858

<u>or</u>

Send a print version by mail to the address below: Senator Barbara A. Mikulski 1629 Thames St., Suite 400 Baltimore, MD 21231

- 5) Contact the College Board (www.collegeboard.com) and request that your SAT scores be sent directly to my office. Additionally, you may forward the e-mail that the College Board provided you with your scores to me. Do not send ACT scores.
 - o My school code is #0229

2009 Application for Nomination to a Service Academy

Senator Barbara A. Mikulski 1629 Thames St., Suite 400 Baltimore, Maryland 21231

Deadline: October 23, 2009 Application Page 1

CONTACT INFORMATION

First Name	Middle Initial	Last Name
Address		
City	State	Zip Code
County	Cell Nu	ımber
Phone Number	Email	
Date of Birth	SSN:	
Congressional District		
Parent or Guardian's Name		Phone Number
Local Newspaper		
High School		School Number
If you are attending a co	llege or academy preparatc	ory school, please name the school:
College / Prep Name _		
If you are selected for a selected f	service academy, which ac	ademic area do you intend to pursue?
Academy Preference (Pleas	se Pick at Least One)	
1st Preference	3rd	Preference
2nd Preference	4th	Preference

Indicating your preferences will not in any way affect my consideration of your first choice; it will, however, increase your potential for a service academy nomination.

Name
Senator Barbara A. Mikulski
1629 Thames St., Suite 400
Baltimore, Maryland 21231

ESSAY QUESTIONS

dismissed f	u ever been in from school? ened and the re	If so, please e	explain, and at	placed on sch tach a school s	ool probation, or statement detailir	ng
2 What exi	neriences in v	our life have p	orepared you f	or the rigors ar	nd demands of lif	e at
an academy		•				
		·				
		·				

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ESSAY QUESTIONS (Cont.)

. What is th r communit		int contribution	on that you ha	ve made to y	our school, chur
	250 Words or Le nis essay should				ed States Servic

You may use additional paper for question #4 only. Please make sure to put your name on each additional page.

Name
Senator Barbara A. Mikulski 1629 Thames St., Suite 400
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Deadline: October 23, 2009

Application Page 4

ACTIVITIES QUESTIONNAIRE

Please mark the appropriate years that you have participated in an extra-curricular activity

in the space provi	ded nex	t to i	t.		•						•
	Pre-9	9	10	11	12		Pre-9	9	10	11	12
President of Class						Junior ROTC					
Other Class Office:						Officer ROTC					
	-					Key Club					
President of Studen	nt 🔲					Language Club					
Government Other Student Gov						Math Club					
Office Office						Model UN					
						Peer Counselor / To	utor 🗌				
Boy / Girl Scout						Science Club					
Boy's / Girl's State						Student Council					
Boy's / Girl's Nation						Varsity Letter Club					
Chess Team			\vdash			Other Clubs					
Civil Air Patrol						Caror Clabo					
Computer Club							- 📙				
Debate Team							- 📙				
Explorer's Club							- <u> </u>				
It's Academic			H				- <u> </u>				
Junior Achievement	t 🗏						- <u> </u>				
AWARDS In the space provide their order of imposes the space of imposes the space of imposes the space of the		_		e list	honors	s, prizes or awards y	ou have	e rece	eived	in	
Eagle Scout	/ Gold A	ward	ſ		Nationa	I Honor Society	∃ Who'	s Who	o or E)istina	guished
								Scho			•

Name
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ACTIVITIES QUESTIONNAIRE (continued)

Please indicate how many years that you have participated in an athletic activity in the space provided next to it.

space provided ne	ext to	it.			
Physical Activity (C V = Varsity	rgan		sports activities / = Junior Varsi	•	of years of participation.
	V	JV	С		
SAMPLE SPORT			_	Swimming Tennis	
Archery Baseball - Spring	_	_	_	Track - Cross County	
Baseball - Summer Basketball				Track - Indoor	
Cheerleading	_	_	_	Track - Outdoor Volleyball	
Cycling Equestrian			_	Weightlifting	
Fencing			<u> </u>	Wrestling Other:	
Field Hockey Football			_	——————————————————————————————————————	
Golf	_	_			
Gymnastics Ice Hockey		_		Introductal Charta	(# of voors portionating)
Lacrosse			_	miramurai Sports ((# of years participating)
Martial Arts Rifle / Pistol Team		_			_
Soccer			_		_
Softball					

Name
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WORK EXPERIENCE

Position:	Year	Position:	Year
Employer:		Employer:	
Hours per week		Hours per week	
Duties (list please)		Duties (list please)	
2. Summer			
Position:	Year	Position:	Year
Employer:		Employer:	
Hours per week		Hours per week	
Duties (list please)		Duties (list please)	
COMMUNITY S	SERVICE		
In the space provid	ed below, please list	the community service that y	ou have done:
		_	
f no work experience esection.	or community service	e, please explain. You may us	se additional paper for th

Name	
Senator Barbara A. Mikulski	
1629 Thames St., Suite 400	
Baltimore, Maryland 21231	

APPLICANT CONTRACT

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Senator Mikulski promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

Signature:	
Printed Name:	
Date:	

Name
Senator Barbara A. Mikulski 1629 Thames St., Suite 400
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Date:

Deadline: October 23, 2009 Application Page 8

AFFIDAVIT OF DOMICILE

This form is to be completed by the parent or legal guardian of the individual seeking my nomination to a United States Service Academy. If you are not a minor, the form may be completed by you.

This statement establishes that the applicant and his/her parent or guardian is domiciled in the State of Maryland. Domicile is defined as a person's fixed, permanent, and principal home for legal purposes. I. ______, being of lawful age (18), and a resident of city / county Maryland, do on oath and under penalties of perjury, depose and say: That I am the parent entitled to the custody of, or the legal guardian of a minor, or am the applicant who has reached the age of majority, who has applied to Senator Barbara A. Mikulski for consideration as a nominee to a United States Service Academy; that the said individual is either my son / daughter and is my legal ward who lives with me; and that our / my domicile is Address State Zip Code City 2. This is in evidence thereof, I depose and say that: I am registered as a voter in city / county, state and/or I file income tax returns and pay state income taxes to the State of Signature: Printed Name: _____

Name
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PRINCIPAL / GUIDANCE COUNSELOR FORM

This form must be completed either by your principal, guidance counselor or registrar.

Please attach to this form, the transcript of the final junior grades, or final grades if graduated.

First Name	Middle Initia	I	Last Name	
High School			School Number	
Address				
City	State	Zip Code		
Country				
Applicant's Year in School Unweighted 4.0 Grade Poir (must be provided)	nt Average			
weighted scale (reference only)				
Date:				
Signature:				
Title:				