

# NEW JERSEY SENATOR FRANK R. LAUTENBERG



## ACADEMY CANDIDATE APPLICATION

Please accept my application for the class entering the year of \_\_\_\_\_.

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**PLEASE TYPE DIRECTLY INTO THE FIELDS BELOW**

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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CONGRESSMAN: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ PHONE (cell): \_\_\_\_\_

GENDER:  MALE  FEMALE      DATE of BIRTH (mm/dd/yyyy): \_\_\_\_\_

SOCIAL SECURITY (xxx-xx-xxxx): \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN?       YES  NO

ARE YOU A RESIDENT OF NEW JERSEY?       YES  NO

TEMPORARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ PHONE (cell): \_\_\_\_\_

### HIGHEST SAT/ACT SCORES

SAT VERBAL: \_\_\_\_\_

SAT MATH: \_\_\_\_\_

SAT WRITING: \_\_\_\_\_

ACT SCORES: \_\_\_\_\_

**PLEASE ATTACH A  
CURRENT PHOTO HERE**

**ACADEMY PREFERENCE**  
**(If more than one, please list in numerical order.)**

U.S. Naval Academy: \_\_\_\_\_ U.S. Merchant Marine Academy: \_\_\_\_\_

U.S. Military Academy: \_\_\_\_\_ U.S. Air Force Academy: \_\_\_\_\_

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**HIGH SCHOOL AND/OR COLLEGE EXPERIENCE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HIGH SCHOOL GRADUATION DATE (mm/dd/yyyy): \_\_\_\_\_

HIGH SCHOOL and/or COLLEGE GRADE POINT AVERAGE: \_\_\_\_\_

RANK: \_\_\_\_\_

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**PLEASE ATTACH YOUR MOST RECENT TRANSCRIPT**

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VISUAL ACUITY WITHOUT GLASSES: \_\_\_\_\_

WITH GLASSES: \_\_\_\_\_

DESCRIBE YOUR HEALTH:

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**PLEASE DESCRIBE YOUR WORK EXPERIENCE:**

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**PLEASE PROVIDE THREE REFERENCES WITH ADDRESS AND PHONE NUMBER:**

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PHONE (home): \_\_\_\_\_ PHONE (cell): \_\_\_\_\_

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PHONE (home): \_\_\_\_\_ PHONE (cell): \_\_\_\_\_

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PHONE (home): \_\_\_\_\_ PHONE (cell): \_\_\_\_\_

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**PLEASE ATTACH THREE LETTERS OF RECOMMENDATION**

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**ACCEPTANCE INTO A SERVICE ACADEMY CHANGES YOUR LIFE IN MANY WAYS. TELL US WHAT YOU KNOW ABOUT THE FIRST YEAR SCHEDULE.**

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**HAVE YOU DISCUSSED WITH YOUR PARENTS YOUR INTEREST IN ATTENDING AN ACADEMY? HOW DO THEY FEEL?**

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**WHAT ARE YOUR PERSONAL GOALS? HOW DO YOU EXPECT THE ACADEMY TO ASSIST YOU IN ACHIEVING THOSE GOALS?**

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**WHAT DO YOU BELIEVE WILL BE YOUR GREATEST CHALLENGE IN ADJUSTING TO ACADEMY LIFE?**

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**DESCRIBE A SPECIFIC ROLE YOU PLAYED IN A RECENT SCHOOL OR COMMUNITY EVENT.**

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**WHERE DO YOU SEE YOURSELF TEN YEARS AFTER YOUR ACADEMY EDUCATION IS COMPLETE?**

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**FAVORITE  
SUBJECTS**

**LEAST FAVORITE  
SUBJECTS**

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**ATHLETICS**

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	<b>Varsity</b>	<b>JUNIOR VARSITY</b>	<b>CLUB</b>
<b>BASKETBALL</b>			
<b>BASEBALL</b>			
<b>CHEERLEADING</b>			
<b>FENCING</b>			
<b>FIELD HOCKEY</b>			
<b>FOOTBALL</b>			
<b>GYMNASTICS</b>			
<b>LACROSSE</b>			
<b>SOCCER</b>			
<b>SWIMMING</b>			
<b>TENNIS</b>			
<b>TRACK</b>			
<b>VOLLEYBALL</b>			
<b>WRESTLING</b>			
<b>GOLF</b>			
<b>ICE HOCKEY</b>			
<b>FIGURE SKATING</b>			
<b>SKIING</b>			
<b>SOFTBALL</b>			
<b>RUGBY</b>			
<b>OTHER (Please list)</b>			

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**EXTRACURRICULAR ACTIVITIES**

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<input type="checkbox"/> Eagle Scout	<input type="checkbox"/> President of Class	<input type="checkbox"/> Key Club
<input type="checkbox"/> Girl Scout/Girls Nation	<input type="checkbox"/> Other Class Office	<input type="checkbox"/> Language or Science Club
<input type="checkbox"/> Boy Scout	<input type="checkbox"/> Student Council Member	<input type="checkbox"/> Officer, Non-School Club
<input type="checkbox"/> Jr. ROTC Officer	<input type="checkbox"/> Other Student Office	<input type="checkbox"/> Community Award
<input type="checkbox"/> President of Student Govt.	<input type="checkbox"/> Editor, School Publication	<input type="checkbox"/> School Band
<input type="checkbox"/> Girl Scout Gold Award	<input type="checkbox"/> Office, School Club	<input type="checkbox"/> Chorus
<input type="checkbox"/> Yearbook/Newspaper	<input type="checkbox"/> Hours Worked per Week	<input type="checkbox"/> Hours Worked (Summer)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Signature (required)**

I affirm that all of the information on this form and all attachments are accurate. I also affirm that I am a United States citizen (or will be prior to entering the service academy); a resident of New Jersey; have good moral character; and will be at least 17 years old and will not have passed my 23rd birthday on July 1 of the year I wish to enter the service academy.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Date of Application (mm/dd/yyyy):** \_\_\_\_\_

Please return all information (this application, including a photo, your transcript, list of activities, list of references, and three letters of recommendation) to:

**SENATOR FRANK R. LAUTENBERG  
ATTN: ACADEMY DEPARTMENT  
ONE GATEWAY CENTER  
23<sup>rd</sup> FLOOR  
NEWARK, NJ 07102**

**PLEASE KEEP A COPY OF THESE MATERIALS FOR YOUR RECORDS.**