

# U.S. Service Academy Nomination Application

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_

Resident of Ohio's 16<sup>th</sup> Congressional District? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you're not sure, enter your zip-code at <http://www.house.gov/zip/ZIP2Rep.html>)

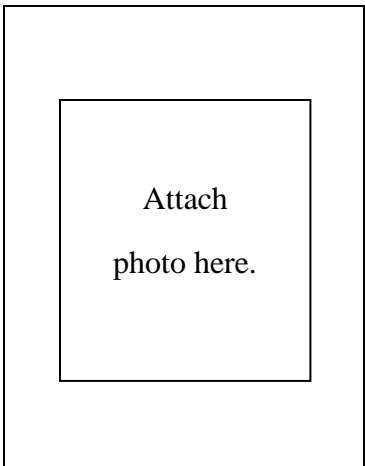
Permanent Address \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision (Uncorrected) \_\_\_\_\_  
(i.e. Left: 20/20 Right: 20/40)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month/Day/Year) (City) (State)



## Family/Guardian Information

Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Has any member of your family attended an academy and/or served in the military? If so, please make any notations here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## High School Education

High School \_\_\_\_\_  
(Name) (Number and Street) (City) (State) (Zip)

H.S. Counselor \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

GPA \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Have you completed any college-level courses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which subjects? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## College Entrance Exams

Have you taken the SAT or ACT? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_  
(Month/Year)

If you have not taken the SAT or ACT, please indicate when you plan to do so. \_\_\_\_\_  
(Month/Year)

The Academy Selection Board will accept your best overall composite if you take the ACT or SAT more than once. If your test results are not available at this time, you must forward a copy of your test scores as soon as possible. All test scores must arrive on or before October 31, 2012.

## Extracurricular Participation

Please submit a typed list of activities you participated in outside the scope of the regular curriculum. This would include clubs and organizations associated with your school or within the community. Be sure you tell how long you were with the organization and any special recognition you earned while participating in their program.

## Athletic Participation

Please submit a typed list of sports you played. Include the number of seasons you played the sport as well as any varsity letters earned or other special recognition achieved while participating.

## Military Service

Are you now serving on military active duty? If yes, please make any notations here. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Statement

Please submit a typed personal statement of no longer than one page indicating why you wish to attend a military academy and how your family, religious, education, athletic, extracurricular, community or employment preparation has led you to make this choice. In your answer, please indicate how you would meet the unique intellectual and physical challenges of a military academy.

\*\*If you choose, you are welcome but not required to attach a personal resume of no more than one page listing past and present employment, community service, certificates, honors and other achievements you believe would benefit your candidacy for nomination.\*\*

## Letters of Recommendation

Please select three references to write letters of recommendation on your behalf. Your references may include teachers, coaches, neighbors, employers, clergy and community leaders. Please do not ask immediate family members such as parents, siblings or grandparents.

Ask your references to write about how they came to know you and in what capacity. They should also define your qualities, describe an example of how you demonstrated sound character or judgment and why they think you should receive a nomination to a military academy. There is no word count or length limit to your letters of recommendation.

List the name and titles of three references who will write letters on your behalf:

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

## General Information

To which other nominating authorities have you applied (Senators, Vice President)?

Rank the academy preferences from 1 to 4 (1 being your most desired appointment).

- \_\_\_\_\_ U.S. Air Force Academy
- \_\_\_\_\_ U.S. Merchant Marine Academy
- \_\_\_\_\_ U.S. Military Academy
- \_\_\_\_\_ U.S. Naval Academy

Have you visited an academy? Yes \_\_\_\_\_ No \_\_\_\_\_

## Application Agreement

It is my sincere desire to attend a U.S. Service Academy, and I intend to pursue a vigorous academic course of study if appointed. I understand that attending a service academy also requires a minimum of five years of military service following graduation, and I fully commit to this responsibility. I have read the information explaining Congressman Renacci's nominating procedures and the information I am submitting is accurate. I certify that I am a U.S. citizen and a legal resident of the Sixteenth Congressional District of Ohio. I will be at least 17 years, but not yet 23 years of age on July 1, 2013. I am not pregnant, nor do I have any child support obligations. I understand that my application must be completed and returned to Congressman Renacci before the end of business on October 31, 2012, to be given full consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or deliver completed packet of materials to:  
Questions about the nomination process can be

Questions about the nomination process can be directed to:

The Honorable Jim Renacci  
ATTN: Military Academy Nominations  
4150 Belden Village St., Suite 408  
Canton, OH 44718

Bryan Bowman  
330-489-4414  
Bryan.Bowman@mail.house.gov

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## Checklist

<input type="checkbox"/> <b>Application to Academy (s)</b>	<input type="checkbox"/> <b>Application to Congressman Renacci</b>
<input type="checkbox"/> <b>ACT/SAT Official Scores</b>	<input type="checkbox"/> <b>Typed list of Extra-curricular Activities</b>
<input type="checkbox"/> <b>Transcript(s)</b>	<input type="checkbox"/> <b>Typed list of Athletic Activities</b>
<input type="checkbox"/> <b>Personal Statement</b>	<input type="checkbox"/> <b>3 Letters of Recommendation</b>
<input type="checkbox"/> <b>Photograph - 3 1/2" x 3 1/2"</b>	<input type="checkbox"/> <b>Medical Exam (DODMERB)</b>

