

**Congresswoman Niki Tsongas**

*Representing the Fifth Congressional District of Massachusetts*

**Service Academy Nomination Application**

Complete application packets must be *received* by my office by 5:00 PM EST on October 28, 2011.

A complete application packet consists of:

\_\_\_\_\_\_\_\_ Completed Service Academy Nomination Application Form (included here)

\_\_\_\_\_\_\_\_ Three Letters of Recommendation

\_\_\_\_\_\_\_\_ Resume and/or List of Activities and Accomplishments

\_\_\_\_\_\_\_\_ Official Academic Transcripts

\_\_\_\_\_\_\_\_ Photo of Yourself

\_\_\_\_\_\_\_\_ Official SAT/ACT Score reports (if not reported on your transcript(s))

Collegeboard code: 3016

##### *Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative Niki Tsongas, her staff, her Service Academy Review Board, the Academy Admission Office, and the media.*







##### **Please print clearly or type the following information (this form is available on** [**http://tsongas.house.gov**](http://tsongas.house.gov) **for downloading and typing responses):**

##### **Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Suffix** | **Preferred Name/Nickname** |
|  |  |  |  |

**Social Security Number (Required if you receive a nomination):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **Permanent Home Address:**

|  |
| --- |
| **Street:** |
| **City:** |
| **State: Zip:** |
| **Phone:** |

**Alternate Address:**

|  |
| --- |
| **Street:** |
| **City:** |
| **State: Zip:** |
| **Phone:** |

**Preferred Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **Gender: [ ] Male [ ] Female**

##### **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you be 17 but not yet 23 years of age by July 1 of the year you are admitted?**

**[ ] Yes [ ] No**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you applying for a nomination from any other source?**

**[ ] Yes [ ] No**

**Whom? President \_\_\_\_ Vice President \_\_\_\_ Sen. Kerry\_\_\_\_ Sen. Brown \_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is in your best interest to request a nomination through all sources available to you. If your father or mother is   
active duty military, retired military, or was killed in action, you may be eligible for a Presidential or Vice Presidential   
nomination.

**Will you be a United States’ citizen at the time of enrollment? [ ] Yes [ ] No**

**Are you a resident of the Fifth Congressional District? [ ] Yes [ ] No**

**Have you applied for a nomination in a previous year? [ ] Yes [ ] No**

**II. Academy Preferences**

**Please rank each of the Academies in your order of preference for attendance, with one being your   
first choice. Only rank Academies you will attend if admitted. Leave others blank.**

**\_\_\_\_\_\_ Air Force \_\_\_\_\_\_\_ Army \_\_\_\_\_\_\_ Navy \_\_\_\_\_\_\_ Merchant Marine**

**Have you been contacted directly by an Academy? [ ] Yes [ ] No**

**If yes, which Academy and who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever served in the military in any capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, what is the highest rank you held? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Academic Qualifications**

**High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Year: \_\_\_\_\_\_\_**

**Test Scores: SAT Verbal \_\_\_\_\_\_\_\_**

**SAT Math \_\_\_\_\_\_\_\_\_**

**And/Or**

**ACT English \_\_\_\_\_\_\_**

**ACT Math \_\_\_\_\_\_\_\_\_**

**ACT Reading \_\_\_\_\_\_**

**ACT Science/Reasoning\_\_\_\_\_\_\_**

**ACT Plus Writing \_\_\_\_\_\_\_\_\_\_ (required by USMA)**

**Are you scheduled to re-take any of your tests? \_\_\_\_\_\_\_\_\_\_ Date(s): \_\_\_\_\_\_\_\_\_\_\_\_**

ACT/SAT scores reported on your official certified transcript are acceptable.

**High School Class Rank \_\_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_ class size.**

If your school does not rank, please estimate.

**Class Percentile: Top 1% 5% 10% 25% 50%**

**Grade Point Average (GPA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Scale Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grade Point Average, Scale, Class Rank and Size must be included on your high school transcript.

**College(s) attended (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advanced Placement Courses Taken and AP Score:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Academic Awards or Special Achievements:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Any additional explanations concerning your transcript or test scores you want the interview**

**panel to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IV. Athletic Activities**

Grades 9-12 and college (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sport** | **Years in Sport** | **Number of**  **Varsity Letters** | **Years as Captain**  **or Co-Captain** | **Years Receiving**  **Special Recognition** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Athletic Awards or Special Achievement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have you been in contact with athletic coaches or staff at any Academy? [ ] Yes [ ] No**

**If so:**

**Academy Sport Coach/Contact Name Telephone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**V. Non-Athletic Activities**

**List other non-athletic extracurricular activities and leadership positions:**

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**Non-athletic awards or special achievements:**

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**V. Prior Service**

**Have you had any prior service with the military?**

**[ ] Yes: Active Guard Reserve [ ] No**

**Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_ Highest Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has a parent, grandparent or sibling attended a Service Academy?**

**Name Service Academy Year of Graduation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VII. Employment History**

Reverse chronological order; use additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **Dates** | **Position** | **Hours per week worked** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Motivation for working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VIII. Other information you want the Congresswoman or the interview panel to know.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**IX. Acknowledgement**

**I certify that the information provided in this application is true and correct to the best of my**

**knowledge. I understand that in addition to this application, I am also required to submit all of the**

**items on the application check-list. I further understand that Congresswoman Tsongas’s Office**

**must be in receipt of all application materials no later than 5:00 p.m., October 28, 2011. I understand**

**that receipt of a nomination from Congresswoman Tsongas does not guarantee admission to a United States Service Academy.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return your completed application packet to:**

**Office of Congresswoman Niki Tsongas**

**ATTN: Service Academy Coordinator**

**11 Kearney Square, 3rd Floor**

**Lowell, MA 01852**