

ACADEMY APPLICANT INSTRUCTIONS AND CHECKLIST
(TO BE RETAINED BY APPLICANT)

Please read the instructions below. Detach this sheet from the application form and keep it as a checklist to ensure you have completed all requirements.

- _____ 1. READ THE APPLICATION FORM CAREFULLY. PRINT OR TYPE ANSWERS DIRECTLY ON TO THE APPLICATION. COMPLETE ALL BLANKS AND RETURN TO CONGRESSMAN GRAVES.
- _____ 2. HAVE YOUR HIGH SCHOOL GUIDANCE COUNSELOR SEND CONGRESSMAN GRAVES AN UP-TO-DATE TRANSCRIPT OF YOUR GRADES (BASED ON AT LEAST SIX SEMESTERS), AS WELL AS YOUR ACTUAL OR APPROXIMATE CLASS RANK.
- _____ 3 . FILL OUT AND RETURN YOUR PERSONAL STATEMENT FORM.
- _____ 4. MAKE SURE CONGRESSMAN GRAVES' OFFICE HAS ACT OR SAT SCORES ON FILE FROM TESTING ORGANIZATION OR ON YOUR OFFICIAL TRANSCRIPT. WE ACCEPT THE HIGHEST SCORES MADE, SO RE-TAKES CAN BE TO YOUR ADVANTAGE.
- _____ 5. HAVE THREE PEOPLE THAT YOU RESPECT SEND LETTERS OF RECOMMENDATION TO MY KANSAS CITY DISTRICT OFFICE.
- _____ 6. SUBMIT AN UP-TO-DATE PHOTO WITH YOUR APPLICATION PACKET.

OCTOBER 18, 2013 – DEADLINE DATE For receipt of application form and any changes in academy preferences.

TBA- NOVEMBER 2013– Academy Review Board Interview date.

IN THE INTEREST OF BEING FAIR TO ALL OF CONGRESSMAN GRAVES' APPLICANTS, EVERY APPLICANT MUST COMPLETE THE REQUIREMENTS LISTED ABOVE.

ALL MATERIAL TO BE INCLUDED IN APPLICATION FILE SHOULD BE DIRECTLY MAILED TO:

**The Honorable Sam Graves
Attn: Academy Coordinator
11724 NW Plaza Circle, Room 900
Kansas City, MO 64153**

**APPLICATION FOR SERVICE ACADEMY NOMINATION
OFFICE OF CONGRESSMAN SAM GRAVES
6th U.S. CONGRESSIONAL DISTRICT**

(PLEASE TYPE OR PRINT)

FULL NAME _____

CURRENT ADDRESS _____

PHONE: (____) _____

NAME OF PARENTS _____

PARENT'S ADDRESS _____

COUNTY _____ BIRTH PLACE _____

AGE _____ BIRTH DATE ____/____/____ SOCIAL SECURITY NUMBER ____/____/____

PRESENT SCHOOL (high school or college) _____

DATE OF GRADUATION (from high school) _____

CLASS RANK _____ OUT OF _____

CUMULATIVE GPA _____ BASED ON _____ POINT SCALE

ACT TEST SCORES: ENGLISH _____ MATH _____ READING _____ SCIENCE _____

OR

SAT TEST SCORES: ENGLISH _____ MATH _____

ACADEMIES IN ORDER OF PREFERENCE (WEST POINT, AIR FORCE, NAVAL, MERCHANT MARINES)

1. _____ 2. _____ 3. _____ 4. _____

IF YOU HAVE APPLIED FOR NOMINATION THROUGH ANY OTHER SOURCES, PLEASE LIST HERE: _____

DO YOU INTEND TO MAKE THE MILITARY A CAREER? _____

CURRENT AND PAST HIGH SCHOOL EXTRACURRICULAR ACTIVITIES: (Clubs, etc., of which you are/were a member or officer, and number of years a member.)

CURRENT AND PAST HIGH SCHOOL & LOCAL ATHLETICS: (List any athletic teams or clubs in which you are/were an active member and number of years a member.)

CURRENT AND PAST ACTIVITIES OUTSIDE OF SCHOOL: (List activities such as church groups, scouts, etc., in which you are/were an active member.)

LIST ANY PART TIME JOBS YOU ARE HOLDING OR HAVE HELD (Include how long):

HOW WOULD YOU DESCRIBE YOUR CHARACTER?

****IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEETS****

Signature of Applicant

(Signature of Father
or Legal Guardian)

(Signature of Mother
or Legal Guardian)

PLEASE RETURN THIS APPLICATION WITH REQUIRED INFORMATION TO:

CONGRESSMAN SAM GRAVES
11724 NW PLAZA CIRCLE, ROOM 900
KANSAS CITY, MO 64153

(3) GUIDANCE COUNSELOR FORM

PLEASE COMPLETE AND RETURN TO:

The Honorable Sam Graves
11727 NW Plaza Circle, Room 900
Kansas City, MO 64153

Re: _____

Dear Guidance Counselor:

The above named has made application for nomination to one of our service academies. I would appreciate your completing the below listed information and returning this form to me along with requested attachments so they may be included in the applicant's file. Information provided will be kept on a confidential basis.

_____/_____/_____ Class Rank (Actual or Approximate based on at least Six Semesters)

_____ Grade Point Average (Actual or Approximate)

PLEASE INDICATE THE DATE AND SCORES FROM ALL SAT/ACT EXAMS TAKEN:

Date: _____ SAT – Verbal: _____ SAT – Math: _____

Date: _____ ACT - English: _____ ACT – Math: _____

Each Applicant is required to have a recommendation from the guidance Counselor. Your comments, recommendations, etc., would be appreciated.

COMMENTS: _____

SIGNED: _____

TITLE: _____

DATE: _____

PLEASE ATTACH A COPY OF THE APPLICANT'S TRANSCRIPT OF GRADES AND FORWARD TO THE OFFICE AT THE ABOVE LISTED ADDRESS.

