

Congress of the United States

House of Representatives

3403 10th Street, Suite (#) | Riverside, CA 92501

Application for Nomination to a United States Service Academy

YOU MUST FILL OUT THIS FORM ON YOUR COMPUTER, THEN PRINT IT TO SIGN IT

CLICK IN ANY BOX TO TYPE INFORMATION

1. ACADEMY INFORMATION

Please select to apply to ONE and only ONE academy: MILITARY NAVAL AIR FORCE MERCHANT MARINE

Do you have a pre-candidate file currently open at any academy? Yes No

If yes, to which academy? When did you apply?

Please check any other sources for a nomination to which you have already applied:

President Vice President Senator Feinstein Senator Boxer

2. PERSONAL INFORMATION

Last Name: First Name: M.I.:

SSN: Date of Birth: Country of Birth: Sex:

Ethnicity (optional):

Father's or Guardian's Name: Day Telephone #:

Mother's or Guardian's Name: Day Telephone #:

Are either of your parents active, retired, or disabled military? Yes No

3. PERMANENT CALIFORNIA RESIDENCE

Street Address: Apt. # Phone #:

City: CA County: State: Zip Code + 4

Email address:

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4. TEMPORARY RESIDENCE (only if different from above)

Address: Apt. # City:

State: Zip Code + 4: Country (if outside US): Country Code:

5. HIGH SCHOOL INFORMATION - REQUIRED OF ALL APPLICANTS

High School: Graduation Date: HS Telephone #:

GPA (grades 9-12 on a 4.0 scale) Weighted: Unweighted: Class rank: # Students:

6. TEST SCORES

HIGHEST SAT SCORES:

Verbal/English: Score: Date: Writing: Score: Date: Math: Score: Date:

HIGHEST ACT SCORES:

English:	Score: <input type="text"/>	Date: <input type="text"/>	Science:	Score: <input type="text"/>	Date: <input type="text"/>
English Writing:	Score: <input type="text"/>	Date: <input type="text"/>	Math:	Score: <input type="text"/>	Date: <input type="text"/>
Reading:	Score: <input type="text"/>	Date: <input type="text"/>	Composite:	Score: <input type="text"/>	Date: <input type="text"/>

7. COLLEGE INFORMATION (if applicable)

College currently attending: College GPA:

The information above is correct. It is my sincere desire to attend a U.S. Service Academy, and I fully intend to vigorously pursue an academic course of study if appointed. I am a U.S. Citizen, or will be by my reporting date to the respective academy; am at least 17 but not yet 23 years of age by my reporting date to the respective academy; unmarried; not pregnant; have no child support obligation; and a legal resident of the State of California.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

SEND YOUR COMPLETE APPLICATION PACKET (INCLUDING PAGES 3, 4, AND 5--FORMS FOR EXTRACURRICULAR ACTIVITIES AND RECOMMENDATION FORMS) TO:

U.S. REPRESENTATIVE MARK TAKANO
ATTN: SERVICE ACADEMY NOMINATIONS
3403 10th Street, Suite 610
Riverside, CA 92501

CONTINUE ON TO PAGES 3, 4, AND 5 BELOW

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Extracurricular Information

APPLICANT INFORMATION

Last Name: First Name: Date of Birth:

APPLICANT: Please answer the questions below using the space provided; attach additional sheets of paper if needed.

1. Special awards and honors for **academic and non-academic activities**, with dates.

2. School and outside club memberships and activities, **noting leadership positions**, with dates.

3. Employment, both after school and in summer, with hours per week and dates.

4. Volunteer involvement, with hours per week and dates.

5. School athletics, **noting Captain, Varsity Letter, MVP, All-League, etc.**

6. Out-of-school recreational athletics, with dates.

7. After you have responded to the questions above, **give this form to your counselor for certification and sealing.**

To the Counselor/Vice Principal: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ PHONE NUMBER: _____

TITLE: _____

U.S. Representative Mark Takano

Counselor/Vice Principal Evaluation

APPLICANT INFORMATION

Last Name: First Name: Date of Birth:

The person named above is applying for nomination to a United States Service Academy. The academies provide a college education leading to commissioning as an officer in the U.S. Armed Forces. The questions asked are here to help us select the best possible candidates. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is greatly appreciated.

1. How long have you known the applicant and in what relationship?
2. Tell us about the applicant's talents or strengths for leadership.
3. What do you consider the applicant's weaknesses?
4. Do you feel that the applicant personally wants to attend a service academy, or is he or she applying in response to pressure from others?
5. How does the applicant handle stressful situations?
6. Do you know of any personal circumstances that might affect the applicant's performance at the academy?
7. Please rank this applicant among his/her peer group.

<input type="checkbox"/> The best applicant I have seen in many years	<input type="checkbox"/> Above average
<input type="checkbox"/> Excellent; among the best I have known	<input type="checkbox"/> Average
<input type="checkbox"/> Very good; stands out in peer group	<input type="checkbox"/> Below average
8. If you are evaluating more than one applicant this cycle, please rank them here:

1.	4.
2.	5.
3.	6.

GENERAL COMMENTS, EVALUATIONS, and/or RECOMMENDATIONS (please use additional sheets if necessary)

To the Counselor/Vice Principal: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ PHONE NUMBER: _____

TITLE: _____

U.S. Representative Mark Takano

Teacher/Coach Evaluation

APPLICANT INFORMATION

Last Name: First Name: Date of Birth:

The person named above is applying for nomination to a United States Service Academy. The academies provide a college education leading to commissioning as an officer in the U.S. Armed Forces. The questions asked are here to help us select the best possible candidates. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is greatly appreciated.

1. How long have you known the applicant and in what relationship?
2. Tell us about the applicant's talents or strengths for leadership.
3. What do you consider the applicant's weaknesses?
4. Do you feel that the applicant personally wants to attend a service academy, or is he or she applying in response to pressure from others?
5. How does the applicant handle stressful situations?
6. Do you know of any personal circumstances that might affect the applicant's performance at the academy?
7. Please rank this applicant among his/her peer group.

<input type="checkbox"/> The best applicant I have seen in many years	<input type="checkbox"/> Above average
<input type="checkbox"/> Excellent; among the best I have known	<input type="checkbox"/> Average
<input type="checkbox"/> Very good; stands out in peer group	<input type="checkbox"/> Below average
8. If you are evaluating more than one applicant this cycle, please rank them here:

1.	4.
2.	5.
3.	6.

GENERAL COMMENTS, EVALUATIONS, and/or RECOMMENDATIONS (please use additional sheets if necessary)

To the Teacher/Coach: Please give this completed form, sealed in an envelope and signed across the flap, to the applicant for inclusion in the complete application packet. Please do not mail this form separately. Thank you.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ PHONE NUMBER: _____

TITLE: _____