



Congresswoman Lucille Roybal-Allard

40th District, California

Committee on Appropriations

Subcommittee on Homeland Security (Ranking Member)

Subcommittee on Labor, Health and Human Services, and Education

Subcommittee on Energy and Water

Democratic Senior Whip

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UNITED STATES SERVICES ACADEMIES NOMINATION REQUEST FORM

Please number your academy preferences 1-5, 1 being your first choice:

Air Force: ____ Military: ____ Naval: ____ Coast Guard: ____ Merchant Marine: ____

Last Name: _____ First Name: _____ Middle Name: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you a U.S. Citizen? _____ Gender: _____

Date of Birth (MM/DD/YYYY): _____ Present Age: _____

Name of Parent or Legal Guardian(s): _____

Temporary Address (If living away from home): _____

City: _____ State: _____ Zip: _____

Name of High School: _____

High School Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (____) _____ - _____

Expected Graduation Date: _____

High School GPA: _____ Class Standing: _____ Number of Students in Class: _____

ACT Scores: Math: _____ Reading: _____ Science Reasoning: _____ Date Test Taken: _____

SAT Scores: Math: _____ Verbal: _____ Date Test Taken: _____

Briefly describe your involvement in school activities in the listed categories. Include information relevant to the office held and awards and honors received. Show dates of involvement in each activity. Use separate sheet if needed.

Interscholastic sports:

School and class offices held:

Band, drama, choir, and other performing arts:

Scholastic activities, awards and honors:

Other activities you consider important, including work, volunteer activities, etc.:

Provide the names and addresses of three adults who will be completing the Recommendation Form on your behalf. (Select people who are familiar with you and your accomplishments, e.g. a teacher, principal, guidance counselor, supervisor, religious leader, etc.)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please print this form and mail it together with your:

- Personal Statement
- Three (3) Sealed Recommendation Forms
- Official School Transcripts
- Official Test Scores

by October 28 to:

**Congresswoman Lucille Roybal-Allard
ATTN: Service Academies Nomination
500 Citadel Dr., Ste. 320
Commerce, CA 90040**