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 Marines: ____

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 score: 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 relative to the office held and awards and honors received. Show dates of involvement in each activity. Use a 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 Recommendation Forms on your behalf. (Select recommenders who are familiar with you, and your accomplishments, e.g., a teacher, principal, guidance counselor, coach, employer, supervisor, etc.)

Name: ______________________________________________________________________________
Street Address: _________________________________________________________________________
City: ____________________________ State: _____ Zip: ______________

Name: ______________________________________________________________________________
Street Address: _________________________________________________________________________
City: ____________________________ State: _____ Zip: ______________

Name: ______________________________________________________________________________
Street Address: _________________________________________________________________________
City: ____________________________ State: _____ Zip: ______________

Please fill out this form and mail it together with your:

- Personal Statement
- 3 sealed Recommendation Forms
- Official School Transcripts
- Official Test Scores

by October 30, 2017 to:

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