



# Congresswoman Lucille Roybal-Allard

## 40<sup>th</sup> District, California

Committee on Appropriations  
Ranking Member, Subcommittee on Homeland Security  
Subcommittee on Labor, Health and Human Services and Education  
Democratic Senior Whip  
<http://roybal-allard.house.gov/>



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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 Marines: \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you as 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 \_\_\_\_\_

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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**