



Congresswoman Lucille Roybal-Allard

40th 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 SERVICE 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 _____

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, 2018 to:

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