



# Congresswoman Lucille Roybal-Allard

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

### Committee on Appropriations

Subcommittee on Homeland Security, Chairwoman  
Subcommittee on Labor, Health and Human Services and  
Education, Vice Chairwoman

Leader's Council

Congressional Hispanic Caucus

Smithsonian Institution, Board of Regents

<http://roybal-allard.house.gov/>

Follow "RepRoybalAllard" on social media



### DISTRICT OFFICE

500 Citadel Dr., Suite 320  
Commerce, CA 90040-1572  
Tel (323) 721-8790  
Fax (323) 721-8789

WASHINGTON, D.C.  
2083 Rayburn HOB  
Washington, DC 20515-0533  
Tel (202) 225-1766  
Fax (202) 226-0350

## UNITED STATES SERVICE ACADEMIES NOMINATION REQUEST FORM

Please number your academy preferences 1 through 5, with 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: \_\_\_\_\_

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Briefly describe your involvement in school activities in the listed categories. Include information relating to any offices held, and any awards or honors received. List your 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, supervisor, etc.)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

The deadline to submit this form, and the following documents, is October 30<sup>th</sup>.

- Personal statement
- 3 sealed recommendation forms
- Official school transcripts
- Official test scores

You can mail or drop off your packet by the October 30<sup>th</sup> deadline to:

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