APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES

UNITED STATES SENATE
SENATOR JACK REED

DEADLINE FOR APPLICATION PACKAGE: OCTOBER 31

****

Indicate your Academy Preference: Write 1st, 2nd, or only choice

WEST POINT _____ **AIR FORCE**_____

NAVY _____ **MERCHANT MARINE** _____

****

Please type or Print Legibly

Name: First _____ Middle _____ Last _____

Date of Birth:_____Social Security No:_____

Street:_____

City: _____State_____ Zip Code _____

Telephone:_____

Temporary or Other Address:

Street:_____

City: _____ State & Zip Code _____

Name of High School:_____

U.S. Citizen (Yes)_____ (No) _____ Place of Birth:_____

College/University (if applicable): _____

Grade Point Average:_____ Date of Graduation: _____

Class Rank of _____ in a class of approximately _____

SAT/ACT Scores: M _____ V_____ Date Taken _____

Will you be retaking the SAT in November? _____

Senator Reed's **SAT CODE NUMBER 3688 --ACT CODE NUMBER 7178**

Have you opened a pre-candidate file with the academies you wish to be considered for?
Yes _____ No _____

*****IF YOU HAVE NOT OPENED A FILE WITH THE ACADEMIES, IT IS EXTREMELY IMPORTANT THAT YOU MAIL YOUR CANDIDATE CARD TO THE APPROPRIATE ACADEMIES SO THAT A FILE MAY BE OPENED IN YOUR NAME. WE WILL BE UNABLE TO CONSIDER YOUR REQUEST FOR NOMINATION IF YOU FAIL TO OPEN A FILE WITH THE APPROPRIATE ACADEMIES.*****

Are you seeking a nomination from another source? Yes_____ No _____

If yes, would you please provide the name of the person you are seeking nomination from?

_____

Name of Parents:

FATHER _____

MOTHER _____

What sports have you participated in, if high school indicate varsity or junior varsity:

_____

_____

_____

Please list your extracurricular activities, including offices held, if any:

_____

_____

_____

Please list any awards, honors, or special activities:

_____

_____

_____

_____

In a brief essay (300 words or less), describe why you wish to attend the Academy of your first choice: (Please attach a separate sheet)

I certify that I am a legal resident of the State of _____

APPLICANTS SIGNATURE_____

Date_____

RETURN APPLICATION (and supporting documentation):

The Honorable Jack Reed
201 Hillside Road
Suite 200
Cranston, RI 02920
Attn: Cheryl A. Ward

******* REMINDER : NO APPLICATION WILL BE CONSIDERED UNLESS YOU HAVE AN OPEN FILE WITH THE ACADEMIES*******