

**28<sup>TH</sup> CONGRESSIONAL DISTRICT OF NEW YORK  
APPLICATION FOR NOMINATION  
TO THE UNITED STATES SERVICE ACADEMIES**

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Return this form, along with two letters of recommendation from persons to whom you are not related and your high school transcript, to:

Congresswoman Louise Slaughter  
3120 Federal Building  
100 State Street  
Rochester, New York 14614

**RETURN THIS FORM BY \_\_\_\_\_ PLEASE TYPE OR PRINT NEATLY**

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**NUMERICAL ORDER OF ACADEMY PREFERENCE:**

\_\_\_\_\_ Air Force    \_\_\_\_\_ Merchant Marine    \_\_\_\_\_ Military    \_\_\_\_\_ Navy

**PERSONAL INFORMATION:**

Mr. ( ) Ms. ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Siblings' Names \_\_\_\_\_

Parents' Names \_\_\_\_\_

High School \_\_\_\_\_ College \_\_\_\_\_

Year of Graduation \_\_\_\_\_

SAT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

**PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES**

*Please use the back of this sheet if more space is required.*

Please Indicate Achievements, Positions Held, Awards, Etc:

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Participation in Athletics:

Sport	Position	Yrs. Varsity/Intramural	Awards
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Special Interests, Activities or Hobbies:

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Employment History, Beginning with the Most Current:

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Have you any family members who attended a Service Academy?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please state who, which Academy, and year graduated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been considered for or applied for an Academy nomination?

Yes \_\_\_\_\_ No \_\_\_\_\_

(1) If so, to which academy? \_\_\_\_\_

(2) What was the result? \_\_\_\_\_

Please answer this question as candidly as possible:

If you were to be offered a Service Academy Nomination, how certain are you, in your own mind, that you would accept it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On separate sheet of paper, write your reasons for seeking this appointment. Please use this opportunity to present any information that you feel is pertinent and helpful to your application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

