





United States Service Academy Nomination Application Packet 2023-2024

JON OSSOFF GEORGIA 455 RUSSELL SENATE OFFICE BUILDING WASHINGTON, DC 20510 (202) 224-3521



Dear Candidate,

As your United States Senator for Georgia, I would be pleased to receive your application to be nominated to one of our five United States Military Service Academies.

Our Service Academies offer outstanding education and training, an honorable career through military service to our country, and the foundation to become a leader. This is an exceptional opportunity, should you choose to take it.

Please find enclosed the application form and other information you will need to complete it. Take the time to consider each academy and branch of service to determine where you feel like a good fit. Providing multiple choices could improve your chances for a nomination.

Once you have submitted this application to my office, <u>make sure to register directly with the academies</u> of your choosing as well.

I commend you for initiating this process. It is a privilege to nominate Service Academy candidates, and I assure you I take this responsibility most seriously.

I wish you success in achieving this noble goal.

If you have any questions about this application or the nomination process, you can reach my Military Service Academy Coordinator Neal VanMarter at 470-842-1280.

Sincerely,

Jon Ossoff United States Senator

INSTRUCTIONS FOR THE APPLICANT:

To be considered for a nomination by Senator Ossoff to one of the United States Service Academies, you are required to complete the online application available at <u>https://www.ossoff.senate.gov/services/academy-nominations</u> OR by submitting the enclosed application packet by mail to Senator Ossoff's Atlanta office.

The complete application packet must be submitted online or by mail in <u>ONE</u> envelope as a <u>SINGLE</u> <u>APPLICATION PACKET POSTMARKED</u> by OCTOBER 1, 2023.

Application Checklist:

- Completed application form.
- Completed page of extracurricular activities. Attach additional pages only if necessary.
- One page (12 point Times New Roman single-spaced) essay that answers the following:
 - Why do you want to serve your country in the Armed Forces or Merchant Marines?
 - Why do you think public service is important?
 - What specific goals do you have after graduation from a service academy?
- Official copy of your high school transcript, <u>including</u> courses currently in progress, GPA, and class rank sealed with signature across the flap.
- Official copy of your college transcript (if applicable), <u>including</u> courses currently in progress and GPA
 sealed with signature across the flap.
- Completed Counselor/Principal Evaluation Form sealed with signature across the flap.
- Completed Coach/Mentor/Community Leader Evaluation Form sealed with signature across the flap.
- A copy of your official SAT or ACT report should be sent directly from the SAT or ACT Board. To have scores reported directly to Senator Ossoff's office, use the following codes:
 - SAT: 5486
 - ACT: 7120
 - If unable to send through ACT/SAT portal, email a copy of the official score report to academynominations@ossoff.senate.gov with the subject line "FirstName, LastName -SAT/ACT Scores"
- Headshot and a 3-4 Sentence Bio
- Please email <u>AcademyNominations@ossoff.senate.gov</u> to request confirmation your application was received.

Helpful Tips:

- All application items should be mailed in a single packet
- Application packets should not be submitted in a binder or sheet protectors.
- Applications submitted by mail must be typed.

Please mail your completed application to:

Senator Jon Ossoff Attn: Military Service Academy Nomination Coordinator 271 17th Street NW Suite 1510 Atlanta, Georgia 30363

If you have not already done so, you will need to **begin a pre-candidate file with each academy that you plan to apply**. Please note that the material you supply our office is separate from what you will be asked to supply the academies or any other congressional office.

Thank you and good luck!



APPLICATION FOR U.S. MILITARY SERVICE ACADEMY NOMINATION

LAST NAME	FIRST NAME	MIDDLE NAME		SOCIAL SECURITY NO.			
STREET ADDRESS		APARTMENT UNIT #					
СІТҮ	ZIP CODE	ZIP CODE		COUNTY			
HOME PHONE	CELL PHONE	CELL PHONE		EMAIL			
TEMPORARY ADDRESS AND PHONE (If applicable):							
AGE	GENDER	HEIGHT		WEIGHT			
HOW LONG HAVE YOU BE	EN A RESIDENT OF GEORGIA	À?	DATE & PLACE OF BIRTH				
FATHER OR GUARDIAN'S N	NAME	DAYTIME PHONE					
MOTHER OR GUARDIAN'S	DAYTIME PHONE						
NAME OF HIGH SCHOOL							
WEIGHTED G.P.A	UNWEIGHTED G.P.A	YOUR RANKOUT OF		DATE OF GRADUATION			
HIGHEST WRITING SAT SCORE	HIGHEST MATH SAT SCORE	PLEASE INDICATE ANY FUTURE TEST DATES					
HIGHEST ENGLISH ACT SCORE	HIGHEST MATH ACT SCORE	HIGHEST READI SCORE		HIGHEST SCIENCE ACT SCORE			
COLLEGE CURRENTLY AT	TENDING (if applicable)		COLLEG	E G.P.A			

I have also applied to the following sources for a nomination:

NAME OF MEMBER OF CONGRESS					
OF THE	DISTRICT				
SENATO	R RAPHAEL WARN	JOCK			
VICE-PR	ESIDENT KAMALA	AHARRIS			
PRESIDE	ENT JOE BIDEN				
JROTC					
YES NO]	CTIVE, RETIRED, OR DIS			
II' I LS, NAME OI	.' DRANCII				
PLEASE CHECK PREFERENCE FOR NOMINATION: (<i>1st choice only</i>)					
ARMY	NAVY	AIR FORCE	MERCHANT MARINE		

I hereby state that the information contained in this application is correct, and that it is my intention to attend a military academy if appointed. I am a U.S. citizen and a legal resident of the State of Georgia.

SIGNATURE	DATE

EXTRACURRICULAR, ATHLETIC, AND EMPLOYMENT INFORMATION

NAME:______ SOC.SEC.#_____

LIST SPECIAL AWARDS AND HONORS with dates of year awarded:

LIST ALL SCHOOL ATHLETICS (note Captain, Jr. Varsity Letter, Varsity Letter, MVP, All-League, etc.) with dates:

LIST OUT-OF-SCHOOL RECREATIONAL ATHLETICS, with dates:

LIST SCHOOL AND OUT-OF-SCHOOL CLUB MEMBERSHIP AND ACTIVITIES NOTING LEADERSHIP POSITIONS AND HONORS RECEIVED, with dates:

LIST EMPLOYMENT, noting dates and hours per week:

LIST VOLUNTEER INVOLVEMENT, noting dates and hours per week:

APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES COACH/MENTOR/COMMUNITY LEADER EVALUATION FORM

NAME OF APPLICANT:

LAST

FIRST MIDDLE

1. How long have you known the applicant and in what connection?

2. What do you feel are the applicant's talents and/or strengths?

3. What do you consider to be the weaknesses of the applicant?

4. How would you describe his/her ability to get along with others?

5. How would you describe his/her leadership characteristics?

6. How does the applicant handle stressful situations?

7. Do you know of any personal circumstances which might affect the applicant's performance at the academy?

8. Please rank this applicant among his/her peer group, to the best of your observation:

Excellent, among the best I have known

____Very Good, stands out in peer group

____Average

___Below Average

GENERAL COMMENTS, EVALUATION, and/or RECOMMENDATION:

PRINT OR TYPE TITLE___ PRINT OR TYPE NAME _____ SIGNATURE_ DATE

**Please place in a sealed envelope with your signature written across the flap and return to the applicant. Please do not mail this completed form separately.

APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES <u>COUNSELOR/PRINCIPAL/TEACHER EVALUATION FORM</u>

APPLICANT:				
NAME AND ADDRESS OF SCHOOL:	LAST	FIRST	MIDDLE	
			SCHOOL TELEPHONE	
Junior Class Rank	out of #of student	ts GPA		
1. How long have you kn	nown the applicant and in	what connection?		
2. What do you feel are the	he applicant's talents and	d/or strengths?		
3. What do you consider	to be the weaknesses of t	the applicant?		
4. How would you descri	ibe his/her ability to get a	along with others?		
5. How would you descri	ibe his/her leadership cha	aracteristics?		
6. How does the applican	nt handle stressful situation	ons?		
7. Do you know of any p	ersonal circumstances w	hich might affect the ap	oplicant's performance at the academy?	
8. Please rank this applic	ant among his/her peer g	group, to the best of you	r observation:	
Very Good,	mong the best I have kno stands out in peer group			
Average Below Avera	age			

GENERAL COMMENTS, EVALUATION, and/or RECOMMENDATION:

 PRINT OR TYPE TITLE
 SIGNATURE

 PRINT OR TYPE NAME
 DATE

 **Please place in a sealed envelope with your signature written across the flap and return to the applicant. Please do not mail this completed form congrately

completed form separately.