

Jon Ossoff

U.S. SENATOR FOR GEORGIA



United States Service Academy Nomination Application Packet 2024-2025

United States Senate

WASHINGTON, DC 20510-1011

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, make sure to register directly with the academies 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 Service Academy Coordinator at AcademyNominations@ossoff.senate.gov or 470-768-7800.

Sincerely,



Jon Ossoff
United States Senator

SELECT COMMITTEE ON INTELLIGENCE

COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS

COMMITTEE ON RULES AND ADMINISTRATION

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COMMITTEE ON THE JUDICIARY

CHAIR, SUBCOMMITTEE ON HUMAN
RIGHTS AND THE LAW

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 <https://www.ossoff.senate.gov/services/academy-nominations> 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 **ONE envelope as a SINGLE APPLICATION PACKET POSTMARKED** by **OCTOBER 1, 2024**.

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, including courses currently in progress, GPA, and class rank - sealed with signature across the flap.
- Official copy of your college transcript (if applicable), including 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, please 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 AcademyNominations@ossoff.senate.gov 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!

Jon Ossoff

U.S. SENATOR FOR GEORGIA

APPLICATION FOR U.S. MILITARY SERVICE ACADEMY NOMINATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO.
STREET ADDRESS			APARTMENT UNIT #
CITY	ZIP CODE	COUNTY	
HOME PHONE	CELL PHONE	EMAIL	
TEMPORARY ADDRESS AND PHONE (If applicable):			
AGE	GENDER	HEIGHT	WEIGHT
HOW LONG HAVE YOU BEEN A RESIDENT OF GEORGIA?			DATE & PLACE OF BIRTH
FATHER OR GUARDIAN'S NAME		DAYTIME PHONE	
MOTHER OR GUARDIAN'S NAME		DAYTIME PHONE	

NAME OF HIGH SCHOOL			
WEIGHTED G.P.A	UNWEIGHTED G.P.A	YOUR RANK ____ OUT 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 READING ACT SCORE	HIGHEST SCIENCE ACT SCORE
COLLEGE CURRENTLY ATTENDING (if applicable)			COLLEGE G.P.A

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

- NAME OF MEMBER OF CONGRESS _____
OF THE _____ DISTRICT OF GEORGIA
- SENATOR RAPHAEL WARNOCK
- VICE PRESIDENT KAMALA HARRIS
- PRESIDENT JOSEPH BIDEN
- JROTC

ARE EITHER OF YOUR PARENTS ACTIVE, RETIRED, OR DISABLED MILITARY?

YES NO

IF YES, NAME OF BRANCH: _____

PLEASE CHECK PREFERENCE FOR NOMINATION: (*1st choice only*)

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, 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:

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**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 _____ 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 separately.***

**APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES
COUNSELOR/PRINCIPAL/TEACHER EVALUATION FORM**

NAME OF APPLICANT: _____

	LAST	FIRST	MIDDLE
NAME AND ADDRESS			
OF SCHOOL:	_____		_____
	_____		SCHOOL TELEPHONE

Junior Class Rank _____ out of _____ #of students GPA _____

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 _____ 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 separately.***