





# United States Service Academy Nomination Application Packet 2025-2026

JON OSSOFF GEORGIA 303 HART SENATE OFFICE BUILDING WASHINGTON, DC 20510 (202) 224-3521



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, <u>make sure to register directly with</u> 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 <u>AcademyNominations@ossoff.senate.gov</u> or 470-768-7800.

Sincerely,

Jon Ossoff United States Senator

RANKING MEMBER, SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES

SELECT COMMITTEE ON INTELLIGENCE

## **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</u> <u>POSTMARKED</u> by <u>OCTOBER 1, 2025</u>.

Application Checklist:

Please complete the following:

Application (in the Questionnaire section):

- 3-4 Sentence Biography
- One page (500 word maximum) essay that answers the following questions:
  - 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?
- List of extracurricular activities. Attach additional pages only if necessary.

The following documents **must** be enclosed with your application:

- Official copy of your high school transcript, including courses currently in progress, GPA, and class rank.
- Official copy of your college transcript (**if applicable**), including courses currently in progress and GPA.
- Counselor/Principal Evaluation Form
- Coach/Mentor/Community Leader Evaluation Form
- SAT/ACT Score Report (Please enclose a PDF of your SAT and/or ACT Score Report as recorded on your SAT/ACT Portal)
- Headshot (For candidate identification purposes must be professional, but does not need to be professionally taken)

**Note**: Failure to adhere to above standards, while not necessarily disqualifying, negatively affects application scoring.

### **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 17<sup>th</sup> Street NW, Suite 1510 Atlanta, Georgia 30363

If you have not already done so, you will need to <u>begin a pre-candidate file with each academy that</u> <u>you plan to apply</u>. 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 #
CITY	ZIF	P CODE			COUNTY	7
HOME PHONE	CE	ELL PHONE			EMAIL	
TEMPORARY ADDRESS AND PHONE (If applicable):						
AGE	GENDER		HEIGHT			WEIGHT
HOW LONG HAVE YOU BEEN A RESIDENT OF GEORGIA?			2	DATE & PLACE OF BIRTH		LACE 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 RAN	K	DATE OF GRADUATION
HIGHEST WRITING SAT SCORE	HIGHEST MATH SAT SCORE	PLEASE INDICATE FUTURE TEST DA'		
HIGHEST ENGLISH ACT SCORE	HIGHEST MATH ACT SCORE	HIGHEST READING ACT 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 OF GEORGIA					
SENATOR RAPHAEL WARNOCK					
VICE PRESIDENT JAMES VANCE					
PRESIDENT DONALD TRUMP					
JROTC					
ARE EITHER OF YOUR PARENTS ACTIVE, RETIRED, OR DISABLED MILITARY?					
YES NO					
IF YES, NAME OF BRANCH:					
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, 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 <u>COACH/MENTOR/COMMUNITY LEADER EVALUATION FORM</u>

#### 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:				
NAME AND ADDRESS	LAST	FIRST	MIDDLE	
	:			
			SCUOOL TE	LEPHONE
Junior Class Rank	out of	#of students	GPA	
1. How long have you k	mown the ap	plicant and in what con	nection?	
2. What do you feel are	the applicant	t's talents and/or streng	hs?	
3. What do you conside	r to be the we	eaknesses of the applica	nt?	
4. How would you desc	ribe his/her a	bility to get along with	others?	
5. How would you desc	ribe his/her l	eadership characteristic	5?	
6. How does the application of t	int handle str	essful situations?		
7. Do you know of any	personal circ	umstances which might	affect the applicant's performanc	e at the academy?
8. Please rank this appli	cant among l	nis/her peer group, to th	e best of your observation:	
Excellent, Very Good Average Below Ave	, stands out i	est I have known n peer group		
GENERAL COMMEN	TS, EVALU	ATION, and/or RECOM	IMENDATION:	
PRINT OR TYPE TI	ГLЕ		SIGNATURE	

\*\*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.

 PRINT OR TYPE NAME
 DATE