



Congresswoman Niki Tsongas

Representing the Third Congressional District of Massachusetts

Service Academy Nomination Application

Complete application packets must be received by my office by 5:00 PM EST on October 1, 2018.

A complete application packet consists of:

- _____ Completed Service Academy Nomination Application Form (included here)
- _____ Three Letters of Recommendation
- _____ Resume and/or List of Activities and Accomplishments
- _____ Official Academic Transcripts
- _____ Photo of Yourself
- _____ Official SAT/ACT Score reports (if not reported on your transcript(s))

Collegeboard code: 3016

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative Niki Tsongas, her staff, her Service Academy Review Board, the Academy Admission Office, and the media.



Please print clearly or type the following information (this form is available on <http://tsongas.house.gov> for downloading and typing responses):

I. Applicant Information

First Name	Last Name	Suffix	Preferred Name/Nickname

Social Security Number (Required if you receive a nomination): _____

Permanent Home Address:

Street:	
City:	
State:	Zip:
Phone:	

Alternate Address:

Street:	
City:	
State:	Zip:
Phone:	

Preferred Contact Telephone Number: _____

Preferred Email Address: _____

Gender: Male Female

Date of Birth: _____

Will you be 17 but not yet 23 years of age by July 1 of the year you are admitted?

Yes No

Mother's Name: _____

Father's Name: _____

Legal Guardian (if applicable): _____

Are you applying for a nomination from any other source?

Yes No

Whom? President ___ Vice President ___ Sen. Warren ___ Sen. Markey ___

Other _____

It is in your best interest to request a nomination through all sources available to you. If your father or mother is active duty military, retired military, or was killed in action, you may be eligible for a Presidential or Vice Presidential nomination.

Will you be a United States' citizen at the time of enrollment? Yes No

Are you a resident of the Third Congressional District? Yes No

Have you applied for a nomination in a previous year? Yes No

II. Academy Preferences

Please rank each of the Academies in your order of preference for attendance, with one being your first choice. Only rank Academies you will attend if admitted. Leave others blank.

_____ Air Force _____ Army _____ Navy _____ Merchant Marine

Have you been contacted directly by an Academy? Yes No

If yes, which Academy and who? _____

Have you ever served in the military in any capacity? _____

If yes, what is the highest rank you held? _____

III. Academic Qualifications

High School: _____ Telephone Number: _____

Mailing Address: _____

Principal: _____ Counselor: _____ Graduation Year: _____

Test Scores: SAT Evidence-based Reading and Writing _____

SAT Math _____

SAT Optional Essay _____

And/Or

ACT English _____

ACT Math _____

ACT Reading _____

ACT Science/Reasoning _____

ACT Plus Writing _____ (required by USMA)

Are you scheduled to re-take any of your tests? _____ Date(s): _____

ACT/SAT scores reported on your official certified transcript are acceptable.

High School Class Rank _____ out of _____ class size.

If your school does not rank, please estimate.

Class Percentile: Top 1% 5% 10% 25% 50%

Grade Point Average (GPA): _____ Grade Scale Used: _____

Grade Point Average, Scale, Class Rank and Size must be included on your high school transcript.

College(s) attended (if applicable): _____

City/State: _____

Major: _____ Years Attended: _____

Hours Completed: _____ Grade Point Average: _____

Advanced Placement Courses Taken and AP Score:

Academic Awards or Special Achievements:

Any additional explanations concerning your transcript or test scores you want the interview panel to know? _____

IV. Athletic Activities

Grades 9-12 and college (if applicable)

Sport	Years in Sport	Number of Varsity Letters	Years as Captain or Co-Captain	Years Receiving Special Recognition

Athletic Awards or Special Achievement:

Have you been in contact with athletic coaches or staff at any Academy? Yes No

If so:

<u>Academy</u>	<u>Sport</u>	<u>Coach/Contact Name</u>	<u>Telephone Number</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Non-Athletic Activities

List other non-athletic extracurricular activities and leadership positions:

Non-athletic awards or special achievements:

V. Prior Service

Have you had any prior service with the military?

Yes: Active Guard Reserve No

Branch: _____ Years: _____ Highest Rank: _____

Has a parent, grandparent or sibling attended a Service Academy?

Name	Service Academy	Year of Graduation
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_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Employment History

Reverse chronological order; use additional sheets if necessary.

Place	Dates	Position	Hours per week worked

Motivation for working: _____

VIII. Other information you want the Congresswoman or the interview panel to know.

IX. Acknowledgement

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all of the items on the application check-list. I further understand that Congresswoman Tsongas’s Office must be in receipt of all application materials no later than 5:00 p.m. November 16, 2016. I understand that receipt of a nomination from Congresswoman Tsongas does not guarantee admission to a United States Service Academy.

Signature: _____ Date: _____

Return your completed application packet to:

**Office of Congresswoman Niki Tsongas
ATTN: Service Academy Coordinator
126 John Street, Suite 12
Lowell, MA 01852**