

Congressman David N. Cicilline

Representing the First District of Rhode Island

United States Service Academy Nomination Application

Application Instructions

To be considered for nomination, the following information must be fully and accurately completed and mailed to my office at:

> US Congressman David N. Cicilline 1070 Main Street, Suite 300 ATTN: Service Academy Nomination Pawtucket, RI 02860

Any missing information could prolong the process or adversely affect your chances for nomination. If we can offer any assistance, or if you have questions regarding the content of this form, please call my office at (401) 729-5600.

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative David N. Cicilline, his staff, his Service Academy Nomination Review Board, and the media.

Applicant Information

Please print clearly or type the following information:

| Name: | | | | | | | |
|------------------------------------------|-------|-------------------|---------------|----------|--------|-------------|--------------|
| First | ٨ | 1iddle Initial | | Last | | | |
| Aailing Address: | _ | | | | | | |
| | | | STREE | T ADDRES | S | | |
| | - | CITY | / | STATE | / | ZIP | |
| lome Phone: | - | | | | | | |
| Cell Phone: | - | | | | | | |
| -Mail: | | | | | | | |
| Date of Birth: | - | ММ | / | DD | / | YYYY | |
| Place of Birth: | - | | CITY | / | STATE | | |
| Will you be 17, but Merchant Marine A | | ars of age Yes | , by Ju No | ly 1 of | the ye | ear you are | admitted (25 |
| Mother's Name: | First | | | Last | | | |
| ather's Name: | First | | | Last | | | |

1070 Main Street, Suite 300, Pawtucket, RI 02860 P: (401) 729-5600 F: (401) 729-5608

Has a member of your family attended a Service Academy? Yes No

If yes, please provide their <u>Name</u>, <u>Service Academy</u>, and <u>Year of Graduation</u>?

Are you applying for a nomination from any other source? Yes No

Whom? Senator Reed Senator Whitehouse

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 First District of Rhode Island? | Yes | No |
| Have you applied for a nomination in a previous year? | Yes | No |

Academy Preferences

You must start the application process at each academy for which you are seeking a nomination. Please rank **ONLY** the Service Academies to which you are applying, with 1 being your top choice. Select N/A if not applying to one of the academies.

| United States Air Force Academy | | | | |
|-------------------------------------------------|-----|----|--|--|
| United States Merchant Marine Academy | | | | |
| United States Military Academy | | | | |
| United States Naval Academy | | | | |
| Have you been contacted directly by an Academy? | Yes | Νο | | |
| If yes, which Academy? | | | | |

Have you been contacted by Academy athletic coaches? Yes No

If yes, which Academy and Sport?

Academic Qualifications

| High School: | - | | | | |
|----------------------------------------------|----------------------------------------|----------------|--------|--------------|------------------|
| High School Address: | | STREET ADDRESS | | | |
| | - | CITY | / | STATE / | ZIP |
| High School Guide | ance Counselor: _ | | | | |
| High School Grad | uation Date: _ | | | | |
| Current Grade Po GPA must be calcu | int Average: llated on a 4.0 scale. | | | | |
| Class Rank: | | | | | |
| SAT Test Scores: | | | | | |
| | Math: | | | | |
| | Critical Reading: | | | | |
| ACT Test Scores: | | | | | |
| | Math: | | | | |
| | Critical Reading: | | | | |
| Official SAT/ACT | Test Scores must be s | submitted i | in ord | er to valido | ate your scores. |

SAT CODE for the Office of Congressman David Cicilline: 3774 College/University:

(If Applicable)

College/University Address:

(If Applicable)

CITY / STATE / ZIP

College/University Advisor:
(If Applicable)
Expected Graduation Date:
(If Applicable)
College/University Current Grade Point Average:
(If Applicable)

(If Applicable) GPA must be calculated on a 4.0 scale.

Essay

Please write a one page or less essay about why you are a good choice for a nomination to a United States Service Academy. Please be sure to include any information you feel has prepared you for this challenge and makes you stand out from the rest of the applicants. Attach the essay when you submit your application.

> <u>Please use Times New Roman font, sized 12, and double spacing.</u> <u>Violation will inhibit your application.</u>

Additional Items Required

- 1. Official High School (and College if applicable) Transcript
- 2. Official SAT/ACT Test Scores
- 3. Two Letters of Recommendation (A professional or academic, and a personal recommendation)
- 4. A resume detailing your extracurricular activities, athletic activities, leadership positions, awards or special recognitions, and employment history.

Privacy Statement

I certify that I have read the Privacy Act Statement. The information provided in this application is true and correct to the best of my knowledge. I understand that I am also required to submit all of the items required to complete my application before the deadline. I further certify that I am a legal resident of the First District of the State of Rhode Island.

Applicant's Signature

Date