



David N. Cicilline

U.S. Congressman

Representing the First District of Rhode Island

**Official Application for
Nomination to the
United States Service
Academies**

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 Selection Committee, and the media.

Applicant Information

Please print clearly or type the following information:

Name: _____
First Middle Initial Last

Mailing Address: _____
STREET ADDRESS

CITY / STATE / ZIP

Home Phone _____

Cell Phone _____

E-Mail _____

Date of Birth: _____
MM / DD / YYYY

Social Security Number: _____

Place of Birth: _____
CITY / STATE

Will you be 17 but not yet 23 years of age by July 1 (25 for US Merchant Marine Academy) of the year you are admitted? **Yes** **No**

Mother's Name: _____
First Last

Father's Name: _____
First Last

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

If yes, please provide their Name, Service Academy, and Year of Graduation?

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

Please rank each of the Service Academies in which you have applied to, with 1 being your top choice. If you have not applied to one of the academies, select NA.

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 No

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 Guidance Counselor:

High School Graduation Date:

Current Grade Point Average:

GPA must be calculated 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 submitted in order to validate your scores.

College/University:

(If Applicable)

College/University Address:

(If Applicable)

STREET ADDRESS

CITY / STATE / ZIP

College/University Advisor:

(If Applicable)

Expected Graduation Date:

(If Applicable)

College/University Current Grade Point Average:

(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.

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

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, 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