

United States Senate

Barbara A. Mikulski



Dear Academy Applicant:

Thank you for contacting me regarding a nomination to one of the United States Service Academies. It is my pleasure to provide you with all the information required to apply for my nomination.

Making nominations to the Service Academies is one of my most important responsibilities as a United States Senator. I trust you are applying for one of these nominations because it is your wish and desire to be a career officer in the United States Armed Forces or as an individual dedicated to serving the interests of our nation as a Merchant Mariner. I am very proud of my nominees and their commitment to serving our country.

1. Minimum Requirements

All applicants must meet the following basic criteria in order to be considered for my nomination:

- You must be a citizen of the United States and domiciled in Maryland. Domicile is defined as a person's fixed, permanent and principal home. You are domiciled in Maryland if your parent, legal guardian, or you vote and file state income tax returns in Maryland.
- Applicants to the Air Force, Military or Naval Academies must never have been married nor have any dependents.
- You must be at least 17 years of age, but not older than 23 years of age by July 1, 2010 to apply to the Air Force, Military or Naval Academies.
- For the Merchant Marine Academy, you must be at least 17 years of age, and not have passed your 25th birthday on July 1, 2010.

2. How are Nominees Selected?

- **Service Academies make the final decision on who is appointed.**
- All applicants who fully complete my application requirements will be interviewed by my Service Academy Review Board. This distinguished group of Marylanders makes recommendations to me on nominations.
- No applicant will receive an interview with my board unless a file is open at the Service Academies stated in this application.
- I will notify you of your nomination by the end of the year.
- In addition to seeking my nomination, you must contact the Admissions Officer at each Academy directly to initiate a pre-candidate file.

3. Facts and Figures:

Last year, over 350 students filed an application with my office, and 252 students were interviewed. For each vacancy I have at each Academy, I may nominate ten candidates.

- Over 68% of students listed the US Naval Academy as their first choice.
- 14% listed the US Air Force Academy as their first choice.
- 13% listed the US Military Academy as their first choice.
- 5% listed the US Merchant Marine Academy as their first choice.

As you can see from the above statistics, it is to your distinct advantage to apply to more than more one Academy.

4. Completing the application

You must have a completed application postmarked or received in my Baltimore Office by October 23, 2009 at 5 PM in order to be considered for a nomination.

Electronic copies of my application are posted on my website at: <http://mikulski.senate.gov>

I **strongly** recommend that you register with my online application manager in order to view and receive updates on the status of your application. If you have any questions about the nomination process, please contact my nominations coordinator, Molly Rogers, in my Baltimore Office at 410.962.0046 or academy@mikulski.senate.gov

- 1) Complete this application, which is the first item on the online checklist.
- 2) You will also need to submit your signed letters of recommendation,
 - One from a math teacher
 - One from a science teacher
 - One from an adult non-family member
- 3) In addition to the letters of recommendation, you must also submit the following signed documents:
 - Affidavit of Domicile
 - Applicant Contract
 - Counselor Official Form with unweighted GPA
 - Official high school transcript
- 4) Either fax this completed application to 202.224.8858
or
Send a print version by mail to the address below:
Senator Barbara A. Mikulski
1629 Thames St., Suite 400
Baltimore, MD 21231
- 5) Contact the College Board (www.collegeboard.com) and request that your SAT scores be sent directly to my office. Additionally, you may forward the e-mail that the College Board provided you with your scores to me. Do not send ACT scores.
 - My school code is #0229



2009 Application for Nomination to a Service Academy

Senator Barbara A. Mikulski
1629 Thames St., Suite 400
Baltimore, Maryland 21231

Deadline: October 23, 2009
Application Page 1

CONTACT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Cell Number _____

Phone Number _____ Email _____

Date of Birth _____ SSN: _____

Congressional District _____

Parent or Guardian's Name _____ Phone Number _____

Local Newspaper _____

High School _____ School Number _____

If you are attending a college or academy preparatory school, please name the school:

College / Prep Name _____

If you are selected for a service academy, which academic area do you intend to pursue?

Academic area _____

Academy Preference (Please Pick at Least One)

1st Preference _____ 3rd Preference _____

2nd Preference _____ 4th Preference _____

Indicating your preferences will not in any way affect my consideration of your first choice; it will, however, increase your potential for a service academy nomination.

Name _____

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1629 Thames St., Suite 400
Baltimore, Maryland 21231

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ESSAY QUESTIONS

1. Have you ever been involved in a honor violation , placed on school probation, or dismissed from school? If so, please explain, and attach a school statement detailing what happened and the resolution of the situation.

2. What experiences in your life have prepared you for the rigors and demands of life at an academy?

Answers must fit in the space provided

Name _____

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ESSAY QUESTIONS (Cont.)

3. What is the most significant contribution that you have made to your school, church or community?

4. Essay: In 250 Words or Less, Why would you like to attend a United States Service Academy. This essay should not be a biographical sketch.

You may use additional paper for question #4 only. Please make sure to put your name on each additional page.

Name _____

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ACTIVITIES QUESTIONNAIRE

Please mark the appropriate years that you have participated in an extra-curricular activity in the space provided next to it.

	Pre-9	9	10	11	12		Pre-9	9	10	11	12
President of Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Junior ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Class Office:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Officer ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						Key Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President of Student Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Student Gov Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Math Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____						Model UN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy / Girl Scout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer Counselor / Tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's / Girl's State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's / Girl's Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chess Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varsity Letter Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Air Patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Clubs					
Computer Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debate Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer's Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AWARDS

In the space provided below, please list honors, prizes or awards you have received in their order of importance to you:

- Eagle Scout / Gold Award National Honor Society Who's Who or Distinguished High School Student

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name _____

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ACTIVITIES QUESTIONNAIRE (continued)

Please indicate how many years that you have participated in an athletic activity in the space provided next to it.

Physical Activity (Organized sports activities only. Indicate number of years of participation.)

V = Varsity JV = Junior Varsity C = Captain of Team

	V	JV	C				
SAMPLE SPORT	___	___	___	Swimming	___	___	___
				Tennis	___	___	___
Archery	___	___	___	Track -			
Baseball - Spring	___	___	___	Cross County	___	___	___
Baseball - Summer	___	___	___	Track - Indoor	___	___	___
Basketball	___	___	___	Track - Outdoor	___	___	___
Cheerleading	___	___	___	Volleyball	___	___	___
Cycling	___	___	___	Weightlifting	___	___	___
Equestrian	___	___	___	Wrestling	___	___	___
Fencing	___	___	___	Other:			
Field Hockey	___	___	___	_____	___	___	___
Football	___	___	___	_____	___	___	___
Golf	___	___	___	_____	___	___	___
Gymnastics	___	___	___				
Ice Hockey	___	___	___	Intramural Sports (# of years participating)			
Lacrosse	___	___	___				
Martial Arts	___	___	___	_____	___		
Rifle / Pistol Team	___	___	___				
Soccer	___	___	___	_____	___		
Softball	___	___	___	_____	___		

Name _____

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WORK EXPERIENCE

1. After School / Weekend

Position: _____ Year _____

Employer: _____

Hours per week _____

Duties (list please)

Position: _____ Year _____

Employer: _____

Hours per week _____

Duties (list please)

2. Summer

Position: _____ Year _____

Employer: _____

Hours per week _____

Duties (list please)

Position: _____ Year _____

Employer: _____

Hours per week _____

Duties (list please)

COMMUNITY SERVICE

In the space provided below, please list the community service that you have done:

If no work experience or community service, please explain. You may use additional paper for this section.

Name _____

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APPLICANT CONTRACT

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Senator Mikulski promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

Signature: _____

Printed Name: _____

Date: _____

Name _____

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AFFIDAVIT OF DOMICILE

This form is to be completed by the parent or legal guardian of the individual seeking my nomination to a United States Service Academy. If you are not a minor, the form may be completed by you.

This statement establishes that the applicant and his/her parent or guardian is domiciled in the State of Maryland. Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.

I, _____, being of lawful age (18), and a resident of _____ city / county

Maryland, do on oath and under penalties of perjury, depose and say:

1. That I am the parent entitled to the custody of, or the legal guardian of _____ a minor, or am the applicant who has reached the age of majority, who has applied to Senator Barbara A. Mikulski for consideration as a nominee to a United States Service Academy; that the said individual is either my son / daughter and is my legal ward who lives with me; and that our / my domicile is

Address _____
City _____ State _____ Zip Code _____

2. This is in evidence thereof, I depose and say that:

I am registered as a voter in _____
and/or _____ city / county, state

I file income tax returns and pay state income taxes to the State of _____

Signature: _____

Printed Name: _____

Date: _____

Name _____

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PRINCIPAL / GUIDANCE COUNSELOR FORM

This form must be completed either by your principal, guidance counselor or registrar.

Please attach to this form, the transcript of the final junior grades, or final grades if graduated.

First Name _____ Middle Initial _____ Last Name _____

High School _____ School Number _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Applicant's Year in School _____

Unweighted 4.0 Grade Point Average
(must be provided)

weighted scale
(reference only)

Date: _____

Signature: _____

Title: _____