



CONGRESSMAN  
**LEE ZELDIN**  
*1<sup>ST</sup> DISTRICT OF NEW YORK*

**Service Academy Nomination Checklist**

**Application Due Date:** \_\_\_\_\_

**Supplemental Information Due Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Academy Graduation Year Applying for:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

Please be sure that you are a current, legal resident of the First Congressional District of New York. Please call 631-289-1097 with any questions. Once your application has been fully received and processed, you will be sent a letter verifying receipt of your application.

**If document is contained in file, please check off below:**

Photo: \_\_\_\_\_

Application: \_\_\_\_\_

Essay (500 words): \_\_\_\_\_

SAT/ACT: \_\_\_\_\_

High School Transcript: \_\_\_\_\_

Reference Letters: 1      2      3

Identify which references are missing (if any):

\_\_\_\_\_

**Please remove ALL staples/clips, etc. from documents. Use a large paperclip to secure entire packet together in the order in which the documents are listed above**



CONGRESSMAN  
**LEE ZELDIN**  
*1<sup>ST</sup> DISTRICT OF NEW YORK*

**APPLICATION FOR A UNITED STATES SERVICE ACADEMY NOMINATION**

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_

D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (If different than above, include P.O. box if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Street Address (If different than father's): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Educational Information:**

High School: \_\_\_\_\_

City: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Counselor: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Please complete the following if you have any college education:**

College: \_\_\_\_\_

Credit Hours Completed: \_\_\_\_\_

Major: \_\_\_\_\_

**Scholastic Honors:**

Freshman: \_\_\_\_\_

Sophomore: \_\_\_\_\_

Junior: \_\_\_\_\_

Senior: \_\_\_\_\_

College: \_\_\_\_\_

\*Additional paper may be used if necessary

**College Entrance Examinations:**

ACT 1st exam date: \_\_\_\_\_

2nd exam date: \_\_\_\_\_

SAT 1st exam date: \_\_\_\_\_

2nd exam date: \_\_\_\_\_

**Extracurricular Involvement:**

Include clubs, sports, etc. Include leadership positions held and Varsity Letters earned. Please also include out of school activities.

Freshman: \_\_\_\_\_

\_\_\_\_\_

Sophomore: \_\_\_\_\_

\_\_\_\_\_

Junior: \_\_\_\_\_

\_\_\_\_\_

Senior: \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

\*Additional paper may be used if necessary

**Medical:**

Have you ever had asthma or any other chronic respiratory ailment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have 20/20 vision? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Potential Sources of Nominations:**

Please indicate all other officials whom you are requesting a nomination from:

Senator Gillibrand: \_\_\_\_\_ Senator Schumer: \_\_\_\_\_

Vice President Biden: \_\_\_\_\_

**Academy Preference:**

Please rank the academies in order of your interest. If not interested in a specific academy, write "N".

U.S. Air Force Academy (Colorado Springs, CO): \_\_\_\_\_

U.S. Merchant Marine Academy (Kings Point, NY): \_\_\_\_\_

U.S. Military Academy (West Point, NY): \_\_\_\_\_

U.S. Naval Academy (Annapolis, MD): \_\_\_\_\_

**Employment History:**

Please list any part/full time jobs you hold/held.

1. Employer: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Additional sheets may be used if necessary

**Acknowledgement:**

I request that Congressman Lee Zeldin consider my application for a Congressional Nomination to the service academy/academies that I have indicated above. I understand that receiving a nomination is not the same as acceptance into the academy, and that acceptance can only come through the academy itself. I have applied to the academy before requesting a nomination.

I understand that the deadline for applications is September 30, 2015. I also understand that the deadline for the receipt of additional documentation is Wednesday, October 7, 2015. If I have not submitted all of the requested information by these deadlines, I understand that my application will not be considered.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**References:**

The applicant should submit three references attesting to the applicant's qualifications and motivation to attend a service academy (reference forms are attached). Those listed as references should not be relatives of the applicant. Preferred references are high school instructors, guidance counselors, coaches, club advisors, or current/former employers.

Please list the names of individuals who will be submitting references on your behalf:

1. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Length of time known by Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Length of time known by Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Length of time known by Applicant: \_\_\_\_\_

**RETURN THE ABOVE APPLICATION BY EMAIL, FAX, OR POSTMARKED  
NO LATER THAN SEPTEMBER 30, 2015 TO:**

**Email:**

[mark.woolley@mail.house.gov](mailto:mark.woolley@mail.house.gov)

**Fax:**

631.289.1268

**Mail:**

**Congressman Lee Zeldin  
Attn: Service Academy Nominations  
31 Oak Street, Suite 20  
Patchogue NY, 11772**

**(NOTE – If you submit via email, be sure to place the words “Academy Nominations 2015” in the “Subject” line.)**

**Authorization for Release of Information:**

If I am selected for an appointment by an academy and was nominated by Congressman Zeldin, I hereby authorize Congressman Lee Zeldin, and those acting on his behalf, to release my name as an appointee in press releases to any media outlet. I also affirm that all prior information is accurate.

Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian-if applicant is a minor): \_\_\_\_\_

**INTENTIONALLY BLANK**



CONGRESSMAN  
**LEE ZELDIN**  
*1<sup>ST</sup> DISTRICT OF NEW YORK*

**Service Academy Nomination Reference Form**

Applicant: \_\_\_\_\_

Reference: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Length of time known by applicant: \_\_\_\_\_

The applicant has requested Congressman Lee Zeldin to consider him/her for a nomination for admission to one of the United States Service Academies. In your own words, please state your personal knowledge of his/her qualifications and motivation to attend a Service Academy.

PLEASE USE THIS FORM AS A COVER SHEET

Please sign and date your statement.

**Return this form and your statement by email, fax, or postmarked no later than September 30, 2015 to:**

**Email:**

[mark.woolley@mail.house.gov](mailto:mark.woolley@mail.house.gov)

**Fax:**

631.289.1268

**Mail:**

Congressman Lee Zeldin  
Attn: Service Academy Nominations  
31 Oak Street, Suite 20  
Patchogue NY, 11772