Service Academy Nomination Application Instructions:
Please read all directions carefully. Failure to accurately submit all parts of the application will disqualify you from consideration.

1. The application deadline for 2020 is Friday October 23. All applications must be turned in or post marked by this date. No late applications will be accepted.

2. All portions of the application must be complete and accurate. Incomplete applications will not be considered.

3. Applications should be turned in as one packet with all required pieces included. There should be NO staples on any portions of the application. Do not use sheet protectors or tab any sections. Do not bind the application in any way. The application should be held together with either a paper clip or a binder clip and submitted in either a file folder or manila envelope.

4. All portions of the application are to be completed by the candidate. The only portions to be completed by the parent or guardian are the media permission form if the candidate is not 18 years of age, and the final verification signature on the verification checklist.

5. Info Regarding Sections of the Application:
   a. The current photo should be passport style attached to your application in the square provided. You do not have to pay for a passport photo and are free to print one yourself.
   b. High School Transcripts must be official and sealed. If you have already graduated high school your official transcript is still required.
   c. SAT and ACT scores should be printed from the test’s website. DO NOT have an official copy sent to us directly from SAT or ACT. We do allow for super scoring.
   d. Resumes should be no more than 1 page & include all information a standard resume would.
   e. Essays should be approximately 500 words and no more than 1 printed typed page. Single space is fine.
   f. Letters of Recommendation can come from anyone you wish who knows you well. They should be included in your packet. Do not have them sent separately or directly from the recommender. You should include at least 3 but no more than 5 letters of recommendation. Please request that all letters be no more than 1 page.

6. Applications should be mailed or turned into our district office at 1601 Hwy 34 East, Newnan, GA 30265. Mailed applications should be put to the attention of Jessica Eck.

7. Should a candidate have any questions during the process they should reach out to Jessica Eck in our district office at 770-683-2723 or via email at Jessica.Eck@mail.house.gov.

8. We know that parents are excited for and proud of their children who are applying. Many may want to be involved in the application process as much as possible. Please keep in mind the application process is for the candidates and is a step toward a future of service in the United States Armed Forces.
Because of this, we prefer to communicate directly with our candidates when they have questions or concerns. We understand that all of our candidates are in school and other activities which may hinder their ability to call during business hours, but we will gladly respond to emails sent at any time. If an urgent situation arises, we will be glad to speak to a parent or guardian.
VERIFICATION CHECKLIST

The following items should be submitted in the order listed as one application packet to my office.

The packet should be held together by a paper or binder clip, and should NOT contain any staples, sheet protectors, tabs or binding. Packets can be submitted in either a file folder or manila envelope.

My office cannot accept applications with any missing materials. Any incomplete applications will be returned to the applicant and not processed. The application deadline is Friday October 23. All applications should be received or postmarked by this date. Late applications will not be accepted.

**Candidates** should initial beside each item to verify each item is correct and meets application requirements.

**Parents or Guardians** should verify all items on this checklist are included in the packet in the order listed below then sign verifying that the packet is complete.

- (1) Completed Verification Checklist
- (2) Service Academy Nomination Application from our website
- (3) Official High School Transcript – In Sealed Envelope
- (4) ACT or SAT Scores – Summary Page Printed from Their Website
- (5) Resume – One Page
- (6) Essay explaining why you would like to attend an academy – 500 words – typed and no more than 1 printed page
- (7) 3 Letters of Recommendation – With original signatures

**Parent / Guardian Certification:**

I, ____________________________, certify that this application packet is complete, and all required items are in the proper order for submission.

Signed _________________________________________ Date: ______________________

**Please mail completed application packet to:**

Office of Congressman Drew Ferguson
Attn: Jessica Eck
1601 Hwy 34 East Suite B
Newnan, GA 30265
Candidate Information

Full Name: ____________________________

Preferred Name: _______________ Date of Birth: _________ Home Phone: ______________________

Cell Phone: ________________________ Email: ________________________________

Home Address: __________________________

Mailing Address (If diff. than home): ________________________________

Candidate Academic Information

In addition to completing this section, you will also submit a copy of your official transcript in a sealed envelope from your school. For SAT & ACT scores you are allowed to super score.

Current School: ____________________________ Graduation Date: ______________________

Current Grades: Weighted GPA: _______ Unweighted GPA: _______ Grade Avg. (out of 100): _______

Previous School: ____________________________ Number of AP / IB Courses: ________________

S.A.T. Scores: Total: _______ Reading/Writing: _______ Math: ______________


Candidate Extra-Curricular Activities and Athletics

Athletics/Sports: ________________________________

Clubs: ________________________________

Organizations: ________________________________

Other: ________________________________

Candidate Volunteer / Community Service

Where: ________________________________ # Hours: ______

Where: ________________________________ # Hours: ______

Where: ________________________________ # Hours: ______

Candidate Employment Experience (If Applicable)

Employer: ____________________________ Position: ______________ Hours Per Week: ______

Employer: ____________________________ Position: ______________ Hours Per Week: ______

Employer: ____________________________ Position: ______________ Hours Per Week: ______
Candidate Fitness Assessment

Take this worksheet with you when you complete your fitness assessment. Have the examiner fill in all the information on the form (and make sure he/she signs and dates the form). Your examiner should be your high school PE teacher or athletic coach. If you are home-schooled you may use your PE teacher (if not your parent), your ROTC instructor (if applicable), or your Military Academy Admissions Liaison Officer. **NO FAMILY MEMBER MAY ADMINISTER THIS EXAMINATION.**

1) Basketball Throw: record three attempts to the nearest foot.
   a. 1st attempt (feet) _____
   b. 2nd Attempt (feet) _____
   c. 3rd attempt (feet) _____

2) Pull-Ups/Flexed Arm Hang: Men must complete the pull-ups. Women may complete EITHER the pull-ups or the flexed arm hang.
   a. Pull-ups (number completed) _____
   b. Flexed Arm Hang – women only (number of seconds) _____

3) Shuttle Run: Record two attempts to the nearest tenth of a second
   a. 1st attempt (seconds and tenth of seconds) _____:_____ 
   b. 2nd attempt (seconds and tenth of seconds) _____:_____ 

4) Modified Sit-Ups number completed _____
5) Push-Ups number completed _____
6) One Mile Run minutes and seconds _____:_____ 

Examiner Information:
Name and Title:______________________________________________________________
Phone Number: __________________________ Email: ______________________________
Remarks (any unusual circumstances):__________________________________________
Date: _____________________ Signature: ________________________________________

Candidate Photo

Please attach with either tape or glue a passport style photo that clearly shows your face, it does not have to be an official passport photo but should be in the style of one.

Tape or glue photo here.
Service Academy List in Order of Preference
According to your preferences, please rank the academies that you would like to be considered for a nomination to. **DO NOT RANK** an academy unless you are applying and would like to attend that academy. You will only be considered for the academies you rank. Please rank them as 1 being your first choice, 2 being your second choice, 3 being your third choice and 4 being your fourth choice. If you are not interested in an academy leave the line beside it blank. (Example: If you wish to attend and be considered for West Point as your first choice and Navy as your second choice you would put a 1 by West Point, a 2 by Navy and leave the others blank.)

<table>
<thead>
<tr>
<th>Academy</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Air Force Academy</td>
<td></td>
</tr>
<tr>
<td>U.S. Merchant Marine Academy</td>
<td></td>
</tr>
<tr>
<td>U.S. Military Academy at West Point</td>
<td></td>
</tr>
<tr>
<td>U.S. Naval Academy at Annapolis</td>
<td></td>
</tr>
</tbody>
</table>

Application Has Also Been Submitted To:
Please notate with an X anywhere else you have applied for a nomination.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>President of the United States</td>
<td></td>
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<tr>
<td>Senator David Perdue</td>
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<tr>
<td>Vice President of the United States</td>
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<tr>
<td>Senator Kelly Loeffler</td>
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</tbody>
</table>

ROTC Scholarship Opportunities
ROTC programs are offered at many schools in Georgia and across the country. These programs offer students the opportunity to serve our country while obtaining a college education. Sometimes there are scholarships available for students who do not receive an appointment to a service academy. If you would be interested in an ROTC Scholarship and would like for our office to share your contact with the ROTC Program coordinator, please initial and provide your preferred contact information.

Initial: __________   Email: _________________________   Cell Phone: ____________________

APPLICATION CERTIFICATION:
I hereby certify that all information provided in this application is truthful and accurate to the best of my abilities. I acknowledge that honesty and integrity are required qualities of all candidates to any United States Military Academy. I understand that I am to uphold the standards of honesty and integrity required of not just United States Military Academy Cadets but also United States Military service members in general during the entire application process. I further understand that any action not in keeping with the morals and standards of the United States Service Academies will result in an automatic denial of my application for a nomination. I acknowledge that I must update Congressman Ferguson’s office of any material changes to my application.

______________________________  __________________
Signature of Applicant          Date
MEDIA PERMISSION FORM

Should you be accepted to your choice service academy, Congressman Ferguson would like to congratulate you. This includes, and is not limited to, a press release to local media, a social media post, and inclusion in the weekly e-newsletter.

If you would like to give your permission for your photo, name, service academy, hometown and high school to be used for congratulations purposes only, please print your name and sign below. If the applicant is under the age of 18, please have a parent or guardian sign as well.

Upon my acceptance to a United States Service Academy, I, ______________________________, hereby give my permission to the office of Congressman Ferguson to use my information for public congratulations purposes only.

______________________________
Signature of Applicant

Date

______________________________
Signature of Parent or Guardian (if applicant is under the age of 18)

Date

Parent / Guardian Contact Information

Parent / Guardian 1:
Name: ________________________________________________________________

Cell Phone: ____________________ Email: ________________________________

Home Address: ___________________________________________________________

Parent / Guardian 2:
Name: ________________________________________________________________

Cell Phone: ____________________ Email: ________________________________

Home Address: ___________________________________________________________