

— Office of Senator —  
**THAD COCHRAN**



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UNITED STATES  
SERVICE ACADEMY NOMINATIONS



## REQUIREMENTS

**Residency:** Applicant must be a legal resident of Mississippi.

**Application Form:** The enclosed application, along with the additional required information, should be completed and returned. It is not necessary for you to send all information at one time.

**Three Recommendation Letters:** Choose a math or science teacher, coach, guidance counselor, principal, employer, etc. to write a recommendation letter. Each person writing a letter must place it in a sealed envelope, and sign his/her name across the seal.

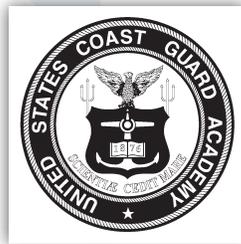
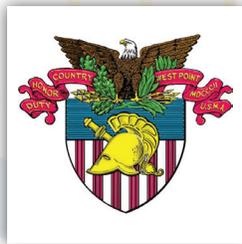
**Transcript:** An official high school transcript, sealed by the school, is required. Your FINAL junior grades must be listed on the official transcript. If you are a college student, FINAL high school and college scores are required. The transcript must be in an envelope sealed by the school.

**ACT/SAT Scores:** An official copy of your ACT or SAT scores is required. If these scores are included on your transcript, you do not need to submit additional copies. You can also have your scores forwarded to my office directly from the testing center by using the following codes:  
S.A.T. - 1110, A.C.T. - 7147.

**Essay:** In 500 words or less please explain your reasoning for wanting to attend a Service Academy.

**Deadline:** Send the above information to Jo Ann Clark in my Jackson Office at 190 East Capitol Street, Suite 550, Jackson, MS 39201. All information must be received in my office by **Monday, November 10, 2014.**

**NOTE:** It is your responsibility to confirm that the materials needed to complete your file have been received by my office. Please feel free to contact Jo Ann Clark in my Jackson office at 601-965-4459 any time to check on the status of your file.



# APPLICATION FOR SERVICE ACADEMY NOMINATION

## CONFIDENTIAL APPLICATION

This application must be completed and received no later than **Monday, November 10, 2014**, in order for you to be eligible for consideration. Please type or print.

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Home number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

### Permanent Home Address/Record *(if different from Current Address)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

*(Out of state residents must have a Mississippi home of record.)*

Social Security Number \_\_\_\_\_

Are you a United States citizen?    Yes    No

Are you a Mississippi resident?     Yes     No

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_



# 2015 SERVICE ACADEMY NOMINATIONS

### Educational Institution

Name of current/most recent high school \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Counselor \_\_\_\_\_ Ext. \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Current year in school \_\_\_\_\_ Grade Point Avg. \_\_\_\_\_ Date of graduation \_\_\_\_\_

### Former Educational Institutions

*(list in order, beginning with most recent):*

School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Service Academies

*(Indicate your preference for a nomination in order of preference:)*

Air Force    Merchant Marine    Military    Naval

Have you requested a pre-candidate kit from an academy? \_\_\_\_\_

If so, which academy? \_\_\_\_\_

Have you applied for a service academy nomination from any other source? *(Please indicate below)*

President \_\_\_\_\_ Vice President \_\_\_\_\_

U. S. Senator \_\_\_\_\_

U. S. Representative \_\_\_\_\_

Secretary of \_\_\_\_\_ *(Active Duty Personnel)*

**Additional Information:**

Please type or print your answers to the following questions on a separate piece of paper or submit your résumé in a MS Word document.

1. List school and community activities that you are involved in.

2. List any awards or honors you have received.

3. List your hobbies.



# 2015 SERVICE ACADEMY NOMINATIONS

## Resume/Written Statement:

Please type or print your answers to the following questions below or attach a MS Word document.

## Signature (Required)

I affirm all of the information on this form and all attachments are accurate. I also affirm I am a United States citizen and a resident of the State of Mississippi.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Please send completed application to:

Jo Ann Clark, Office of Senator Thad Cochran, 190 East Capitol Street, Suite 550, Jackson, MS 39201  
601-965-4459 (Phone), 601-965-4919 (Fax)

# FACT SHEET

The academies provide guidelines for applicants who may be eligible to be considered for an appointment. For more information, you may contact the Academies at the addresses below:

## U.S. Air Force Academy

Director of Admissions  
2304 Cadet Drive  
Colorado Springs, Colorado 80840  
800-443-9266  
[www.academyadmissions.com](http://www.academyadmissions.com)



## U.S. Naval Academy

Director of Candidate Guidance  
117 Decatur Road  
Annapolis, Maryland 21402-5018  
410-293-4361  
[www.usna.edu/admissions](http://www.usna.edu/admissions)



## U.S. Military Academy

Director of Admissions  
646 Swift Road  
West Point, New York 10996-9902  
845-938-4041  
[www.usma.edu](http://www.usma.edu)



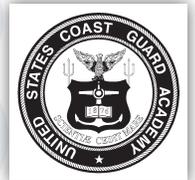
## U.S. Merchant Marine Academy

Admissions Office  
300 Steamboat Road  
Kings Point, New York 11024  
866-546-4778  
[www.usmma.edu](http://www.usmma.edu)



## U.S. Coast Guard Academy

There are no Congressional nominations to this academy. You may call 800-883-8724 or write the Director of Admissions, USCG Academy, 31 Mohegan Avenue, New London, Connecticut 06320-8103, to obtain information or application forms. Their website is [www.cga.edu](http://www.cga.edu).





## OFFICE OF SENATOR THAD COCHRAN

190 East Capitol Street, Suite 550, Jackson, MS 39201

601-965-4459 (Phone), 601-965-4919 (Fax)

[www.cochran.senate.gov](http://www.cochran.senate.gov)