SENATOR JERRY MORAN
Application for Nomination to the U.S. Service Academies

CHECK-OFF-LIST

_____ A short statement (250-500 words) expressing in your own words why you desire to attend the academy of your choice. ***Typed***

_____ Academy Application (Class entering Summer 2018). Please attach a recent photo, ***wallet-size***, in the upper right-hand corner of the application.

_____ Affidavit of legal permanent residence.

_____ A detailed list of your school, church, civic activities, special honors, and employment. ***Only submit one page.***

____ Letter of recommendation from **TWO** responsible persons.
Please submit only two letters of recommendation in addition to your school counselor's letter, and each letter should not exceed one page.

SCHOOL FORMS AND DOCUMENTS REQUIRED:

_____ Counselor's Form and counselor's letter of recommendation.
Recommendation cannot exceed one page.

_____ A complete transcript of your grades through your last semester.

_____ ACT or SAT scores, which can be on your transcript or provided by your counselor.
The ACT code number is 7131, and the SAT code number is 0223.

****Your application must be emailed to Lisa Dethloff at lisa_dethloff@moran.senate.gov by September 29, 2017. Please put "2018 Service Academy Application" in the subject line when emailing your completed application. For questions, please email Ms. Dethloff or call at 913-393-0711.***

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PLEASE SEND ALL REQUIRED PAPERWORK TO:

Staff: Lisa Dethloff
lisa_dethloff@moran.senate.gov

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For Class Entering Summer 2018

Please Print or Type

Name_____
First Middle Last Nickname
Permanent (ATTACH PHOTO)
Address_____
Street P.O. Box

_____
City & State County Zip Code

_____ _____
Phone Number Social Security Number

E-Mail Address: _____
Temporary Address (if any)_____ Effective from_____to_____

Date of Birth _____

ACADEMY PREFERENCE (Military, Naval, Air Force, Merchant Marine)

(1)_____(2)_____(3)_____(4)_____

High School Attended _____ Graduation Date _____
Phone # of High School _____

Are you now Attending College? _____Where? _____
Graduation Class of _____ Major: _____

NAME OF PARENTS:
Mother _____ Occupation _____
Father _____ Occupation _____

Address of both: _____
_____

Have you made application to Senator Roberts or to your Representative?_____
To Whom?_____

Applicant Signature: _____

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AFFIDAVIT OF LEGAL PERMANENT RESIDENCE
This page to be completed by parents or guardian.

We, _____ and _____, parents and legal guardians of _____ upon oath state as follows:

Please check and complete the applicable statements:

___ That we claim _____, _____ County, Kansas, as
City County
our sole and exclusive legal resident and have done so since _____.

___ That we are registered voters in the aforementioned city and county and voted in elections in the following years _____.

___ That we have filed a Kansas Resident Income Tax Return for the years _____.

___ That we have paid Real Estate/Personal Property taxes in said county for the following years _____.

Signature _____

Signature _____

Please take this form to a Notary Public and complete information below.

State of Kansas, County of _____.

We, _____ and _____, state and affirm upon oath that the foregoing affidavit is true and correct to the best of our knowledge.

_____
Signature

_____
Signature

Subscribed and sworn to before me this ____ day of _____, 20____.

Seal: _____ NOTARY PUBLIC

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TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

NAME OF STUDENT:_____

NAME OF HIGH SCHOOL:_____

TELEPHONE OF HIGH SCHOOL:_____

RANKING IN CLASS:_____of_____
Most recent ranking but not prior to completion of Junior year. Include total in class.

GRADE POINT AVERAGE (non-weighted):_____

ACT OR SAT SCORES: Please attach copy if available.

_____
Counselor's Signature*

**Please attach your letter of recommendation for the student and a copy of the most recent transcript, as well as any ACT or SAT scores.*