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 2021). 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 cannot exceed one page.

SCHOOL FORMS AND DOCUMENTS REQUIRED:

- Counselor’s Form and counselor’s letter of recommendation.
  Letter of 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. The SAT code number is 0223.

*Please email your application to lisa_dethloff@moran.senate.gov by October 1, 2020.

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PLEASE SEND ALL REQUIRED PAPERWORK TO:

Staff: Lisa Dethloff
P: 913-393-0711
lisa_dethloff@moran.senate.gov
SENATOR JERRY MORAN  
Application for Nomination to the U.S. Service Academies  
For Class Entering Summer 2021

Please Print or Type

Name_____________________________________________________________

First    Middle   Last   Nickname

Permanent Address__________________________________________

Street       P.O. Box

________________   _____________________

City & State   County   Zip Code

Phone Number   Social Security Number

E-Mail Address: ______________________________

Date of Birth _______________________

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

(1)_________ (2)_________ (3)_________ (4)_________

High School Attended/Graduation Date: _________________________________

Are you now attending college? ________Where? ___________________

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: ___________________________
We, __________________________ and ______________________, parents and legal guardians of _________________________________ upon oath state as follows:

Please check and complete the applicable statements:

- That we claim (city) _________________, (county)________________, Kansas, as our sole and exclusive legal residence 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.

______________________________

______________________________

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.