

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 2019). 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 7, 2018. Please put "2019 Service Academy Application" in the subject line when emailing your completed application. For questions, please email Ms. Dethloff or call at 913-393-0711.*

PLEASE SEND ALL REQUIRED PAPERWORK TO:

Staff: Lisa Dethloff
lisa_dethloff@moran.senate.gov

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For Class Entering Summer 2019

Please Print or Type

Name _____
 First Middle Last Nickname
Permanent Address _____
 Street P.O. Box (ATTACH PHOTO)

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.*