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 2022). 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](mailto:lisa_dethloff@moran.senate.gov) by October 1, 2021.*

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PLEASE SEND ALL REQUIRED PAPERWORK TO:

**Staff: Lisa Dethloff**
**P: 913-393-0711**
[lisa_dethloff@moran.senate.gov](mailto:lisa_dethloff@moran.senate.gov)
SENATOR JERRY MORAN
Application for Nomination to the U.S. Service Academies
For Class Entering Summer 2022

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 Marshall 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 guardians.

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.

______________________________

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.