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 September 4, 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: ___________________________
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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:

  o That we claim (city) _________________, (county)______________, Kansas, as our sole and exclusive legal residence and have done so since _________________.

  o That we are registered voters in the aforementioned city and county and voted in elections in the following years: _________________.

  o That we have filed a Kansas Resident Income Tax Return for the years: _______________.

  o 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.