

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 11, 2020.**

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 _____			(ATTACH PHOTO)
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:

- 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.*