SERVICE ACADEMY NOMINATION APPLICATION



Congressman Mike Johnson Louisiana, 4th District

Thank you for your interest in attending a service academy. To receive an appointment to an academy, you must apply directly to the academy of your choice and receive a nomination from one of several nominating sources. This packet contains the nomination application for Congressman Mike Johnson, Louisiana, 4th District and a checklist of all materials that will be required to constitute a complete packet.

Applicants must contact the academy(ies) they wish to attend and open an admission file. After opening a file, the academy will send a Candidate Kit with specific instructions on their application process. The congressional nomination packet is SEPARATE FROM the materials you must provide to the academies. You must meet the application requirements of the academy to be nominated by Congressman Johnson. It is to your advantage to apply to MORE THAN ONE academy.

Please note: Acceptance at a service academy involves at least a nine-year obligation: four years at the academy and five years of service.

Your completed nomination packet, including the application and all requested materials, must be postmarked or received no later than Monday, October 28, 2019. Do not send this application to our Washington, DC office.

Congressman Mike Johnson 2250 Hospital Drive, Suite 248 Bossier City, Louisiana 71111

Congressman Mike Johnson 3329 University Parkway, Bldg 552 Leesville, Louisiana 71446

PERSONAL DATA

| Full Legal Name: | | | | |
|--|-----------------------|---------------|----------|---|
| Preferred name: | | | - | |
| Permanent Address: | | | | |
| Temporary Address: | | | | _ |
| Date of Birth: | | | F | |
| Applicant Cell Phone Number: | | | | |
| Email Address: | | | | |
| CRIMINAL HISTORY | | | | |
| Have you ever been convicted of a felony or If yes, explain: | r misdemeanor? | YES | NO | |
| *Only exclusions should be speeding tickets | s, parking tickets, o | r traffic vio | lations. | |
| PARENT CONTACT INFORMATION | | | | |
| Father Name: | | Cell Numb | er: | |
| Mother Name: | | _Cell Numb | oer: | |
| EMPLOYMENT HISTORY | | | | |
| Have you held a paying job? Yes No If yes: | | | | |
| Place and Duties: Dates | | | | |
| Place and Duties: Dates | | | | |

EDUCATIONAL HISTORY

| Name of High School: | | | | |
|----------------------------|-----------------|----------------------|----------------|---------|
| Address: | | | | |
| Phone: | (| Guidance Counsel | or Name: | |
| Date of Graduation: | | | | |
| Estimated Class Rank and S | iize: / *Please | e note if rank is no | t used. | |
| Name of College Attended | (if applicable | e): | | |
| Course of Study: | | | | |
| Name of Military Branch (I | fapplicable): | | | |
| STANDARDIZED TEST SCOR | ES *must be | provided on offic | al letterhead. | |
| SAT Composite: | _ Math | Reading | Writing | |
| ACT Composite: | _ Math | Science | Reading | English |
| Provide advanced courses | below: | | | |
| AP Courses | | | | |
| | | | | |
| | | | | |
| CLEP Tests | | | | |
| | | | | |
| | | | | |

Dual Enrollment Courses

PHYSICAL FITNESS

| Have you taken or been scheduled to take your Academy Medical Exam? | | | | | |
|---|-----|----|-------------------------|-----|----|
| (scheduled by DODMFRB) | Yes | No | Physical Aptitude Fxam? | Yes | No |

List all physical activities that you participate in now or have in the past 3 years. Please note any awards or distinctions received. This includes individual and team sports as well as school and community based.

| Example: |
|----------|
|----------|

Football 3 years 4-A All-Dist. 2 years, Captain 1 yr

| Sport | Number of Years | Awards | |
|-------|-----------------|--------|--|
| | | | |
| | | | |
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| | | | |
| | | | |
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| | | | |

LEADERSHIP

List all extra-curricular activities in which you are involved. Please include school and community or church-based activities. Identify any leadership roles in which you currently serve or have served.

| Activity/Club | Years | Leadership Role |
|---------------|-------|-----------------|
| | | |
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| | | |

ESSAY

In the space below, or on a separate sheet of paper, write an essay explaining why you would like to attend a service academy. Word count should be 500 or less.

SELECTIONS

| | y(ies) in the order of preference marked. Please RANK tend. It is to your advantage to apply to more than one. |
|--|---|
| U.S. Military Academy | U.S. Air Force Academy |
| U.S. Naval Academy | U.S. Merchant Marine Academy |
| <u>REFERENCES</u> | |
| Provide the name and title of people providing y | ou with letters of recommendation. It is preferred |
| | hey may be mailed to the Bossier City or Leesville office |
| | st be from your High School Principal or Guidance |
| Counselor. The Principal or Guidance Counselor | letter is waived if student is home educated. |
| Name | Title/Organization |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Please provide the names of your local newspapers:

CHECKLIST FOR SERVICE ACADEMY NOMINATION PACKET

Your application is not complete without all required information. Your application and all requested materials must be delivered by mail or hand to either the Bossier City or Leesville office no later than October 28, 2019. Do not send your application to the Washington, DC office.

| Please initial to indicate item is included in your packet. |
|--|
| Nomination application. Your application may be completed on paper or you can complete the fillable pdf on the website and print and mail. |
| Packet included a 500-word essay on your motivation for attending a service academy. |
| Official copy of ACT and/or SAT scores. May be sent by student, but must be on official letterhead. |
| 1-page resume. Please include anything you wish to highlight not found in the application. |
| Recent headshot photo |
| Letters of recommendation. At least 3, but no more than 5. See instructions on previous page. |
| An official transcript of your high school record including junior year. College transcripts are required if you have completed a semester. |
| Your numerical rank shown on transcript or provided separately. |
| You have established an open application to each academy you are interested in attending. Your application is NOT complete until you have applied to the academy directly. |
| I understand to receive consideration for a nomination, this application packet and required materials must be submitted no later than October 28, 2019. I understand that acceptance at a service academy involves a nine-year commitment. I certify I personally completed the application packet and it is true and accurate to the best of my knowledge. I meet all eligibility requirements set forth by the respective academy I wish to attend. |
| By signing and dating this form, I am confirming I understand and agree to the above statements: |
| Signature: |
| Date: |