



## U.S. SENATOR TOM UDALL

### UNITED STATES SERVICE ACADEMY NOMINATION APPLICATION PACKET

Applicants must be residents of the State of New Mexico. They must be at least 17 years old and turn 23 after July 1 of the year of admission.

THIS PACKET CONTAINS THE FOLLOWING:

**APPLICATION:** Udall's application must be completely filled out. You must also submit an online application to the academy that you want to attend:

[www.usma.edu](http://www.usma.edu)   [www.usna.edu](http://www.usna.edu)   [www.usmma.edu](http://www.usmma.edu)   [www.usafa.af.mil](http://www.usafa.af.mil)

**COUNSELOR EVALUATION:** Form must be submitted to your school counselor. The counselor must use this form. If your school has no counselor, give form to your principal. It is your responsibility to ensure the form is completed and submitted prior to the deadline.

**ACT/SAT SCORES:** Standardized test scores are required. If you have not taken the ACT or SAT, you should schedule yourself as soon as possible. The scores are used by the Academies in their evaluation process. If you have no scores to report, indicate when you plan to take the tests, and arrange for the results to be sent directly to our office.

#### OFFICIAL TRANSCRIPT FROM HIGH SCHOOL

**NOTE:** A one page essay on why you wish to attend a Service Academy and 2 letters of recommendation must be submitted with this packet.

**DEADLINE:** All applications and supporting documentation must be submitted by 01 October 2009. **No exceptions** will be allowed. Please return via mail or deliver to:

**U.S. Senator Tom Udall**  
**Attn: Academy Nominations**  
**120 South Federal Place**  
**Santa Fe, New Mexico 87501**

U.S. Senator Tom Udall  
United States Service Academies

**APPLICATION FOR NOMINATION**

I. GENERAL INFORMATION (Please print legibly!)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ NM ZIP \_\_\_\_\_

Address if different: \_\_\_\_\_

City: \_\_\_\_\_ NM ZIP \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardians Names: Mother \_\_\_\_\_

Father \_\_\_\_\_

Are you a New Mexico resident? \_\_\_\_ (Y) \_\_\_\_ (N)

If no, where do you reside? \_\_\_\_\_

Are you currently or have you ever been married? \_\_\_\_ (Y) \_\_\_\_ (N)

Are you legally responsible for a child or children? \_\_\_\_ (Y) \_\_\_\_ (N)

II. EDUCATION

Elementary School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School Year: \_\_\_\_ Junior \_\_\_\_ Senior Year of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Academic Year Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

III. EXTRACURRICULAR ACTIVITIES

Please list all sports involvement. For high school/college involvement, indicate if you lettered in the sport (e.g. HS Football, 3 years, lettered):

\_\_\_\_\_  
\_\_\_\_\_

Please list all school/civic activities and offices held, if any (e.g. Student Council, Band):

\_\_\_\_\_  
\_\_\_\_\_

List all honors/awards you have received in and outside of school: \_\_\_\_\_

\_\_\_\_\_

List all jobs you have held: (if you need additional space, please add an additional sheet)

Job Title/Responsibilities	Employer/Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. ACADEMY DATA

Academy Preference. For each academy, indicate whether the school is your first, second, third or fourth choice.

( ) Army ( ) Navy ( ) Air Force ( ) Merchant Marines

NOTE: The U.S. Coast Guard needs no nomination. You can apply directly to them.

***In accordance with the provisions of the Privacy Act of 1974, I hereby authorize Senator Tom Udall to provide any information pertinent to my request for a nomination to any of the U.S. Service Academies and also to his Academy Nominations Review Panel.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (for applicants under 18 years of age)

\_\_\_\_\_ Date \_\_\_\_\_

**U.S. SENATOR TOM UDALL SERVICE ACADEMY NOMINATION**

COUNSELOR EVALUATION

**NOTE:** THIS FORM MUST BE COMPLETED AND SIGNED BY A COUNSELOR OR PRINCIPAL AND MAILED TO:

**U.S. Senator Tom Udall  
ATTN: Academy Nominations  
120 South Federal Place, Suite 302  
Santa Fe, New Mexico 87501**

**FIRM DEADLINE IS: 01 OCTOBER 2009**

Name of Student: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Class Size \_\_\_\_\_ Rank \_\_\_\_\_

Current GPA: \_\_\_\_\_

Standardized Test Scores (give the highest score attained in each category):

ACT: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science Reasoning \_\_\_\_\_

SAT: Critical Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_

Leadership Characteristics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personality Traits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to Work Under Pressure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to Work Well with Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Extracurricular Activities and Offices Held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I, the undersigned, certify that the information I have provided on this application is accurate and complete to the best of my knowledge.***

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_