

2008 Application for Nomination to a Service Academy

**Congressman Hank Johnson
Georgia Congressional District 4**

Deadline: Monday, October 27, 2008

Contact Information

NAME: _____

HOME ADDRESS: _____

COUNTY: _____ STUDENT E-MAIL: _____

HOME PHONE: _____ STUDENT CELL PHONE: _____

DOB: _____ SSN: _____

PARENT OR GUARDIAN'S NAME: _____

PARENT OR GUARDIAN'S DAYTIME PHONE: _____

LOCAL NEWSPAPER: _____

HIGH SCHOOL: _____ SCHOOL PHONE: _____

IF YOU ARE ATTENDING A COLLEGE OR ACADEMY PREP SCHOOL, PLEASE NAME THE SCHOOL:

IF YOU ARE SELECTED FOR A SERVICE ACADEMY, WHICH ACADEMIC AREA DO YOU INTEND TO PURSUE?

ACADEMY PREFERENCE (PLEASE USE THESE CODES – USAFA, USMMA, USMA, USNA)

_____ 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____ 4TH CHOICE

INDICATING YOUR PREFERENCES WILL NOT IN ANY WAY AFFECT MY CONSIDERATION OF YOUR FIRST CHOICE.

Attach
recent
photo

Congressman Hank Johnson
3469 Lawrenceville Hwy, Suite 205, Tucker, GA 30084
770-939-2016

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PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING QUESTIONS

1. Have you ever been involved in an honor violation, placed on school probation or dismissed from school? If so, please explain and attach a school statement detailing the resolution of the situation.

2. What is the most significant contribution that you have made to your school, church or community?

3. Have you, your friends or family members attended a service academy? If so, what is your impression of the experience?

Answers may be handwritten but must fit in the space provided.

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ESSAY QUESTION (500 WORDS OR LESS)

What does patriotism mean to you and how does it relate to your goal of becoming an officer in the United States Armed Services?

You may use additional paper for the essay, if needed. Please make sure to put your name on each additional page.

ACTIVITIES QUESTIONNAIRE

Please mark the appropriate years that you have participated in an extra-curricular or physical activity in the space provided next to it.

EXTRA-CURRICULAR ACTIVITIES

	Pre-9	9	10	11	12
President of Class	<input type="checkbox"/>				
Other Class Office: _____	<input type="checkbox"/>				
President of Student Govt.	<input type="checkbox"/>				
Other Student Govt. Office: _____	<input type="checkbox"/>				
Boy/Girl Scout	<input type="checkbox"/>				
Boy's/Girl's State	<input type="checkbox"/>				
Boy's/Girl's Nation	<input type="checkbox"/>				
Chess Team	<input type="checkbox"/>				
Civil Air Patrol	<input type="checkbox"/>				
Computer Club	<input type="checkbox"/>				
Debate	<input type="checkbox"/>				
Junior Achievement	<input type="checkbox"/>				

AWARDS

	Pre-9	9	10	11	12
Jr. ROTC	<input type="checkbox"/>				
Officer ROTC	<input type="checkbox"/>				
Key Club	<input type="checkbox"/>				
Language Club	<input type="checkbox"/>				
Math Club	<input type="checkbox"/>				
Model UN	<input type="checkbox"/>				
Peer Counselor/Tutor	<input type="checkbox"/>				
Science Club	<input type="checkbox"/>				
Student Council	<input type="checkbox"/>				
Varsity Letter Club	<input type="checkbox"/>				
Other Clubs _____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				

In the space provided below, please list honors, prizes or awards you have received.

Eagle Scout/Gold Award

National Honor Society

Who's Who or Distinguished High School Student

OTHER AWARDS

ACTIVITIES QUESTIONNAIRE (continued)

PHYSICAL ACTIVITY (Organized school activities only. Indicate number of years of participation in selected categories.)

C=Captain V=Varsity JV= Junior Varsity

C=Captain V=Varsity JV= Junior Varsity

Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball-Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track-Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weightlifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTRAMURAL PARTICIPATION (Indicate sport & number of years of participation in each sport)

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE (or Community Service)

After School/Weekend Year _____

Position: _____

Employer: _____

Hours Worked per Week: _____

Summer

Position: _____

Employer: _____

Hours Worked per Week: _____

After School/Weekend Year _____

Employer: _____

Position: _____

Hours Worked per Week: _____

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APPLICANT CONTRACT

This form is to be completed by the applicant.

As the applicant, I am responsible for the content and deadline of this application.

I certify that the information I have provided in this application is true and complete. I will notify Congressman Johnson promptly if there is any change in any aspect of this application.

No final action will be taken on my application until all required information is received.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

AFFIDAVIT OF DOMICILE

This form is to be completed by the parent or legal guardian of the individual seeking my nomination to a United States Service Academy. If you are not a minor, the form may be completed by you.

This statement establishes that the applicant and his/her parent or guardian is domiciled in the State of Georgia, 4th Congressional District. Domicile is defined as a person's fixed, permanent and principal home for legal purposes.

I, _____, being of lawful age (18) and a resident of _____, Georgia,
(city/county)

do on oath and under penalties of perjury, depose and say:

1. That I am the parent entitled to the custody of, or the legal guardian of _____, a minor, or am the applicant who has reached the age of majority, who has applied to Congressman Henry Johnson for consideration as a nominee to a United States Service Academy; that the said individual is either my son/daughter and is my legal ward who lives with me; and that our/my domicile is _____

(address, including city or town, state and zip code)

2. This is in evidence thereof, I depose and say that:

I am registered as a voter in _____
(city, county and state)

And I file tax returns and pay state income taxes to the State of _____

Signature Date

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CHECKLIST

This checklist is for your personal reference only. You may keep these pages.

_____ Applicant Contract

_____ Signed Affidavit of Domicile

_____ Signed letters of Recommendation

_____ Math teacher

_____ Science teacher

_____ Personal

_____ Extra-curricular and athletic forms

_____ Principal/Guidance Counselor Official Form

_____ Official transcripts from high school or college

_____ Official SAT Scores from the College Testing Board – **(SAT scores printed on your transcripts are not acceptable.)**

If your application is complete and you have an open file with the service academies of your choice, then you will be scheduled for an interview with my Service Academy Review Board. You will be notified of the date and time of your interview in writing.

US Military Academy
Director of Admissions
600 Thayer Road
West Point, NY 10996-9902
www.usma.edu

US Air Force Academy
HQ USAA/RRS
USAF Academy, CO 80840-9901
www.usafa.af.mil

US Naval Academy
Dean of Admissions
117 Decatur Road
Annapolis, MD 21402-9977
www.nad.navy.mil

US Merchant Marine Academy
Admissions Office
Steamboat Road
Kings Point, NJ 11024-1699
www.usmma.edu

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Helpful Hint!!!

Consider the United States Coast Guard Academy! The Coast Guard Academy does not require a nomination. To obtain an application, contact:

US Coast Guard Academy
Director of Admissions
15 Mohegan Ave.
New London, Connecticut 06320-4195
1-800-883-8724

Your completed application must be received in my Tucker Office by 5:00 pm, Monday, October 27, 2008 to receive consideration for nomination. Partial applications will not be considered.

No exceptions!

- Forms requiring signature

- Applicant Contract – to be signed by applicant
- Affidavit of Domicile – to be signed by parent
- Principal/Guidance Counselor form – to be signed by Principal or Guidance Counselor and attached to your Official Transcript, which should be included with the application.

- You will also need three signed letters of recommendation from:

- One math teacher
- One science teacher
- One adult non-family member

Please either mail or deliver the entire application to the following address:

**Service Academy Review Board
The Office of Congressman Hank Johnson
3469 Lawrenceville Hwy, Suite 205
Tucker, GA 30084**