



CONGRESSMAN SAM GRAVES  
MISSOURI'S SIXTH CONGRESSIONAL DISTRICT

**ACADEMY APPLICANT INSTRUCTIONS AND CHECKLIST**

(TO BE RETAINED BY APPLICANT)

Please read the instructions below. Detach this sheet from the application form and keep it as a checklist to ensure you have completed all requirements.

- \_\_\_\_ 1. Read the application form carefully. Print or type answers directly on to the application. Complete all blanks and return to Congressman Graves.
- \_\_\_\_ 2. Have your high school guidance counselor send Congressman Graves an up-to-date transcript of your grades (based on at least six semesters), as well as your actual or approximate class rank.
- \_\_\_\_ 3. Fill out and return your personal statement form.
- \_\_\_\_ 4. Make sure Congressman Graves' office has ACT or SAT scores on file from the testing organization or on your official transcript. We accept the highest scores made, so re-takes can be to your advantage.
- \_\_\_\_ 5. Have three people that you respect send letters of recommendation to my Kansas City District Office.
- \_\_\_\_ 6. Submit an up-to-date photo with your application packet.

**OCTOBER 16, 2015** – Deadline date for receipt of application form and any changes in academy preferences.

**NOVEMBER 21, 2015**– Academy Review Board Interview date.

**IN THE INTEREST OF BEING FAIR TO ALL OF CONGRESSMAN GRAVES' APPLICANTS, EVERY APPLICANT MUST COMPLETE THE REQUIREMENTS LISTED ABOVE.**

**ALL MATERIAL TO BE INCLUDED IN APPLICATION FILE SHOULD BE DIRECTLY MAILED TO:**

The Honorable Sam Graves  
Attn: Academy Coordinator  
11724 NW Plaza Circle, Room 900  
Kansas City, MO 64153



CONGRESSMAN SAM GRAVES  
MISSOURI'S SIXTH CONGRESSIONAL DISTRICT

**APPLICATION FOR SERVICE ACADEMY NOMINATION  
OFFICE OF CONGRESSMAN SAM GRAVES  
6<sup>TH</sup> U.S. CONGRESSIONAL DISTRICT**

(PLEASE PRINT OR TYPE ON FIELDS BELOW. DO NOT ATTACH RESUME IN PLACE OF APPLICATION).

FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF PARENTS: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_/\_\_/\_\_ SOCIAL SECURITY NUMBER: \_\_/\_\_/\_\_

PRESENT SCHOOL (high school or college) \_\_\_\_\_

DATE OF GRADUATION (from high school) \_\_\_\_\_

CLASS RANK: \_\_\_\_\_ OUT OF \_\_\_\_\_

CUMULATIVE GPA: \_\_\_\_\_ BASED ON \_\_\_\_\_ POINT SCALE

ACT TEST SCORES: ENGLISH \_\_\_\_\_ MATH \_\_\_\_\_ READING \_\_\_\_\_ SCIENCE \_\_\_\_\_

OR

SAT TEST SCORES: WRITING \_\_\_\_\_ MATH \_\_\_\_\_ READING \_\_\_\_\_

ACADEMIES IN ORDER OF PREFERENCE (WEST POINT, AIR FORCE, NAVAL, MERCHANT MARINES) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

IF YOU HAVE APPLIED FOR NOMINATION THROUGH ANY OTHER SOURCES, PLEASE LIST HERE: \_\_\_\_\_

DO YOU INTEND TO MAKE THE MILITARY A CAREER? \_\_\_\_\_



**CONGRESSMAN SAM GRAVES  
MISSOURI'S SIXTH CONGRESSIONAL DISTRICT**

CURRENT AND PAST HIGH SCHOOL EXTRACURRICULAR ACTIVITIES: (Clubs, etc., of which you are/were a member or officer, and number of years a member.)

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CURRENT AND PAST HIGH SCHOOL & LOCAL ATHLETICS: (List any athletic teams or clubs in which you are/were an active member and number of years a member.)

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CURRENT AND PAST ACTIVITIES OUTSIDE OF SCHOOL: (List activities such as church groups, scouts, etc., in which you are/were an active member.)

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LIST ANY PART TIME JOBS YOU ARE HOLDING OR HAVE HELD (Include how long):

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HOW WOULD YOU DESCRIBE YOU CHARACTER?

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**\*\*IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEETS\*\***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Signature of Father  
or Legal Guardian)

**PLEASE RETURN THIS APPLICATION WITH  
REQUIRED INFORMATION TO:**  
\_\_\_\_\_  
**CONGRESSMAN SAM GRAVES  
11724 NW PLAZA CIRCLE, ROOM 900  
KANSAS CITY, MO 64153**

\_\_\_\_\_  
(Signature of Mother  
or Legal Guardian)





**CONGRESSMAN SAM GRAVES  
MISSOURI'S SIXTH CONGRESSIONAL DISTRICT**

**GUIDANCE COUNSELOR FORM**

PLEASE COMPLETE AND RETURN TO:

The Honorable Sam Graves  
11727 NW Plaza Circle, Room 900  
Kansas City, MO 64153

Re: \_\_\_\_\_

Dear Guidance Counselor:

The above named has made application for nomination to one of our service academies. I would appreciate your completing the below listed information and returning this form to me along with requested attachments so they may be included in the applicant's file. Information provided will be kept on a confidential basis.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Class Rank (Actual or Approximate based on at least Six Semesters)

\_\_\_\_\_ Grade Point Average (Actual or Approximate)

**PLEASE INDICATE THE DATE AND SCORES FROM ALL SAT/ACT EXAMS TAKEN:**

Date:\_\_\_\_\_ SAT SCORES: WRITING\_\_\_\_\_MATH\_\_\_\_\_READING\_\_\_\_\_

Date:\_\_\_\_\_ ACT SCORES: ENGLISH\_\_\_\_\_MATH\_\_\_\_\_READING\_\_\_\_\_SCIENCE\_\_\_\_\_

Each Applicant is required to have a recommendation from the guidance Counselor. Your comments, recommendations, etc., would be appreciated.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE APPLICANT'S TRANSCRIPT OF GRADES AND FORWARD TO THE OFFICE AT THE ABOVE LISTED ADDRESS.