



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 18, 2019 – Deadline date for receipt of application form and any changes in academy preferences.

NOVEMBER 23, 2019– 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
6TH U.S. CONGRESSIONAL DISTRICT**

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

FULL NAME: _____

CURRENT ADDRESS: _____

CELL PHONE: (____) _____

EMAIL ADDRESS: _____

NAME OF PARENTS: _____

PARENT'S ADDRESS: _____

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 (AIR FORCE, ARMY, NAVY, MERCHANT MARINE):

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?: _____



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

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.)

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

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

HOW WOULD YOU DESCRIBE YOU CHARACTER?

****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)



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MISSOURI'S SIXTH CONGRESSIONAL DISTRICT**

Personal Statement Form

This section is intended to provide the Academy Review Board with personal data about you, a glimpse at your character, and an indication of your goals. Please read the following question carefully and provide a handwritten response on this page. Your response should be as specific as possible. Consider this section of the application your opportunity to provide a personal touch, beyond hard statistics like your GPA, test scores, class rank, etc.

In 150 words or less, what characteristics do you have that would benefit the military and make the military stronger?



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GUIDANCE COUNSELOR FORM

PLEASE COMPLETE AND RETURN TO:

The Honorable Sam Graves
11724 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 SUPER SCORES FROM ALL SAT/ACT EXAMS TAKEN:

SAT SCORES: WRITING_____MATH_____READING_____

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.