



ROGER MARSHALL
U. S. SENATOR FOR KANSAS

U.S. Military Service Academy Nomination Required Information Check List

- _____ Senator Marshall's signed Academy Nomination Application.
- _____ A short statement (250-500 words) expressing in your own word why you desire to attend the academy or academies of your choice.
- _____ A detailed list of your school, church, civic activities and special honors.
- _____ A complete transcript of your grades through your last semester. (The school should send the most current transcript directly to my office if possible.)
- _____ ACT or SAT scores. (May be sent with Transcript.)
- _____ Letters of recommendation from THREE responsible persons. One must come from your High School Counselor. (Please submit ONLY THREE that are signed by the authors, and if possible on official letterhead.)
- _____ High School Counselor Worksheet. (May be sent with Counselor Letter of Recommendation, Transcript, and ACT or SAT Scores.)
- _____ A recent wallet size photograph suitable for the Academy Selection Committee and for any potential future press releases from Senator Marshall.
- _____ Affidavit of legal permanent residence signed by parent(s) or guardian(s) and Notary Public.
- _____ A copy of this check list.

If you have not yet done so, you are required to directly apply to the US Military Academies. You are encouraged to apply to all academies you desire to attend. Check all academies applied for:

- _____ U.S. Air Force Academy _____ U.S. Naval Academy
- _____ U.S. Military Academy _____ U. S. Merchant Marine

There are no Congressional appointments to the Coast Guard Academy. If interested, contact the Director of Admissions, US Coast Guard Academy, New London, CT 06320 (<https://www.wcga.edu>)

Note: Applications are DUE to Senator Roger Marshall's Office at 204 S. Santa Fe Avenue, Suite 1 Salina, KS 6740 by September 1. All qualified applicants will be required to appear before an Academy Review Committee. After your application file is complete you will be notified. You will also be of the date and time of your interview after September 1st.



Senator Roger Marshall, M.D.

U.S. Service Academy Nomination Form

Full Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Cell: _____

Email: _____

Gender: _____

U.S. Citizen: _____

If not, list your country of citizenship: _____

Parents/Guardians: _____

EDUCATION INFORMATION

Name of High School: _____

High School Street Address: _____

City, State, Zip Code: _____

GPA (Unweighted): _____

Class Size: _____

Class Rank: _____

Graduation Date: _____

SAT SCORES

Math: _____

Writing: _____

Critical Reading: _____

Composite: _____

ACT SCORES

English: _____

Math: _____

Reading: _____

Science: _____

Composition: _____



ACADEMY INFORMATION

Number 1-4 the academies in order of preference:

U.S. Air Force Academy: _____

U.S. Merchant Marine Academy: _____

U.S. Military Academy: _____

U.S. Naval Academy: _____

An appointment to the Service Academies is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote him / herself to a military career. Are you interested in an appointment of that basis? _____ Yes _____ No

ADDITIONAL INFORMATION:

Name of "hometown" Newspaper: _____

Is it okay to use your name in a press release after receiving a nomination or appointment? _____

****Note:**

Please include all other required forms with this application forms. Please refer to the checklist for a complete application.

APPLICATION AGREEMENT

Please read the following paragraph before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered for nomination:

It is my sincere desire to attend a U.S. Service Academy, and I intend to pursue a vigorous academic course of study if appointed. I understand that attending a service academy also requires a minimum of five years of military service following graduation, and I fully commit to this responsibility. I am a U.S. Citizen, or will be by July 1 of the year I will attend the Academy. I am not married. I am not pregnant, no do I have any child support obligations. I am a legal resident of the State of Kansas.

I certify that the information I have provided in the application packet is accurate. Any changes to this information will be reported immediately. Additionally, I understand that I will not be considered for a nomination if the required documents are incomplete and/or received by September 1st of the current year.

Signature: _____

Date: _____

Print, and mail or email to:

Senator Roger Marshall, M.D.
Attn: Academy Nominations
204 South Santa Fe, Suite 1,
Salina, KS 67401.

Email: Tyler_Mason@marshall.senate.gov

Phone: (785) 829-9000

**Application for Nomination to the
U.S. Service Academies
Affidavit of Legal Permanent Residence**
*This page is to be completed by applicant's parent(s)/guardian(s)
In the presence of a Notary Public*

I/We, _____ (and _____), Parents and
Name of guardian Name of guardian

Legal Guardians of _____ upon oath state as follows:
Name of Applicant

Please check and complete any applicable statements

_____ That I/we claim _____, _____ County, Kansas as
City County

Our sole and exclusive legal residence and have done so since: _____.

_____ That I/we are registered voters in the aforementioned city and county and voted in
Elections in the following years: _____.

_____ That I/we have filed a Kansas Resident Income Tax Return for the years: _____.

_____ That I/we have paid Real Estate/Property taxes in said county for the following years:
_____.

I/we, _____ (and _____), state and
Affirm upon oath that the forgoing affidavit is true and correct to the best of our knowledge.

Signature

Signature

For Notary:

State of _____

County of _____

Signed and sworn to before on _____ by _____

K.S.A 53-509

Seal:

Notary Public

[My appointment expires: _____

Title (and Rank)

To be completed by High School Counselor for Academy Nominations

Name of School: _____

School Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **School Telephone:** _____

Name of Student: _____

Class Rank: _____ **Class Size:** _____

(Most recent ranking, but not prior to completion of junior year.)

Grade Point Average Weighted: _____ **Unweighted:** _____

Composite ACT or SAT Scores: _____

Please attach copy of test scores if available.

Print Counselor's Name

Counselor's Signature*

This information is being requested in connection with the above student's interest in obtaining a nomination to a service academy. Your assistance in this regard is most appreciated.

***Please attach your letter of recommendation for the student and a copy of the most recent transcript, as well as any ACT or SAT scores.**

Please return to by September 1st:

U.S. Senator Roger Marshall, M.D.

204 S. Santa Fe Avenue, Suite 1 Salina, KS 67401

Email: Tyler_Mason@marshall.senate.gov

Phone: (785) 829-9000