### **ACADEMY APPLICANT CHECKLIST**

(To be retained by Applicant)

Please read the instructions below. This page is to act as a checklist to ensure you have completed all requirement items. Detach this sheet from the application form and keep it for your own use to ensure you have completed ALL requirements by **October 2nd, 2025.** 

<u>Application Form</u> . Complete all blanks and upload the completed form to OAM, ensuring that you have attached your <u>photo</u> to the Application. When organizing the compiled PDF for submission, your other documents, make sure you have attached them to a compiled PDF in the following order: <u>Application</u> , <u>Resume</u> , <u>Essay</u> , Transcript, <u>ACT/SAT Scores</u> , and <u>Letters of Recommendation</u> .
<u>Recommendation Letters (3)</u> . You must obtain three letters of recommendation to attach to your application file. Potential letter writers include guidance counselors, coaches, instructors, employers, volunteer agency supervisors, priests, pastors, or rabbis. If they do not wish to provide a copy of the letter to you directly, they may email it to our office at <u>Academy_Nominations@schmitt.senate.gov</u> .
<u>Transcript</u> (based on at least six semesters) that shows your GPA, all current and previous courses, and ACT / SAT scores. If you attended multiple high schools, include a copy of each school's transcript. If you are now enrolled in college, include a transcript of courses completed and a list of your current courses.
ACT or SAT. This office's Review Board and the academies consider only the highest scores you achieved, therefore re-takes may be to your advantage. If you receive updated scores after the portal has closed, you may send updated scores to <a href="mailto:Academy_Nominations@schmitt.senate.gov">Academy_Nominations@schmitt.senate.gov</a> through October 31st, 2025. <b>Please note this office's ACT code is 7149 and SAT code is 0224.</b>
Medical Exam. A medical exam is required. The academy will schedule this exam for you. Indicate the date you completed it or the date you are scheduled to take it. If not yet scheduled, you may write "TBD".
<u>Physical Aptitude Exam (PAE)</u> . The PAE is required of all applicants. The academy will schedule this evaluation for you. Indicate the date you completed it or the date you are scheduled to take it. If not yet scheduled, you may write "TBD".

Only complete applications will be considered.

## APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMY

Complete in Adobe Acrobat.

# Upload Photo in Below Box

# **Academy Preferences:**

			1 <sup>st</sup> Choice:			
			2 <sup>nd</sup> Choice	:		
			3 <sup>rd</sup> Choice:			
				:		
Receipt Dead	line: Octob	er 2nd, 2025	Soc. Sec. #:			
Full Name:						
	(Last)	(First)	(Middle)	(Suffix)	(Nickname)	
Legal Address (Domicile)	:(Nu	mber and Street I	Name, or Box Num	ber)		
	(City	, State, and Zip)				
Геmporary Mailing Addre	ess (if any) (^	lumber and Stree	t Name, or Box Nu	umber)		
	(City	, State, and Zip)				
Telephone(s):			//			
Email:						
Birthdate:	Month	Day	Year	Current Ht ,	/ Wt/	,
High School:				_ Grad Date (M	o/Yr):	
Parent/Guardian #1 Name				Phone	::	
Parent/Guard	ian #1 Addr	ess:				
Parent/Guard	ian #2 Nam	e		Phone	::	

Parent/Guardian #2 Add	ress:	I	
Through what other aver	nues are you seeking a non	nination? Select all that apply:	
Senator Josh Hawley			
Your Representative	in the U.S. House		
Vice President of the	United States		
(Note: Only available to those President of the Unit (Reserved for children of care		parent must a.) be on active duty and have served on activ	e
violations for which y	_	emeanor (not including parking tickets onts, but including driving while imporges)?  Yes No	aired /
If yes, please explain (use	e extra sheets if necessary)	):	
What is your current GP	A?		<del></del>
Have you requested that you are interested in see	-	nitiated to all the academies for which	
Will you allow our office appointment?	to use your name in a pre	ess release if you receive/accept an	
If you answered 'Yes' to	the above question, may v	we use your photo and name?	
What is the name of you	ır local newspaper?		
Medical Exam:	Physical Aptit	tude Exam (PAE):	
(Date Comple	eted or Scheduled)	(Date Completed or Scheduled,	)

#### **Documentary Requirements**

Resume: Make sure to include the following (specify duties, responsibilities, awards, honors):

- **High School extra-curricular activities:** List athletic teams, clubs, organizations, student government, etc., in which you participated, and indicate which years you served as an officer / member in each.
- **Community / volunteer / spiritual activities:** List church groups, Scouts, etc., in which you participated, and indicate the years you served as an officer / member of each.
- **Work experience:** List self-employment or part-time jobs you hold or have held, plus length of employment, promotions, etc.
- Outside awards / honors: National Merit Scholar, writing / essays, DAR awards, etc.
- Cultural experiences / travel: that demonstrate your leadership skills. Include dates of travel.

**Essay:** Answer the question "Why should you represent Missouri at a U.S. Service Academy?" Your essay should have a maximum of 1000 words.

I affirm that the information I have provided or attached is true and complete to the best of my knowledge. I sincerely desire to attend a U.S. Service Academy and I fully intend to vigorously pursue all graduation and commissioning requirements if appointed. I am a U.S. Citizen or will be by 1 July 2026; I will be at least 17 but not yet 23 years of age on 1 July 2026; I am unmarried, not pregnant, have no obligation to support dependents, and am a legal resident of Missouri.

Written Signature of Applicant	(Date)