CONGRESSWOMAN JAN SCHAKOWSKY
SERVICE ACADEMY APPLICATION FORM

Mail to: 5533 N. Broadway, Chicago IL  60640
Direct questions to 773-506-7100 or leslie.combs@mail.house.gov

List your first, second and third choices of academies
#1__________________#2__________________#3__________________

Name:___________________________________________________________
                   (First)                           (Middle)                               (Last)

LEGAL ADDRESS IN THE 9th DISTRICT OF ILLINOIS:
________________________________________________________________
________________________________________________________________

Phone (cell): _____________________ Phone (home): __________________

Email address: __________________________________________________

Temporary address:______________________________________________
________________________________________________________________

Date of Birth:____________________ Place:___________________

Social Security Number:____________________________________

Gender:___________

Height:_________  Weight:_________
Uncorrected Visual Acuity: ________

High School: ________________________________________________________________

Graduation Date: ____________________________________________________________

Counselor’s Name and Phone Number: ________________________________________

___________________________________________________________________________

Grade Point Average: ________________

Class Rank: _________________________

Highest ACT/SAT Scores: ACT: ___________ SAT Math: ______________

SAT Verbal: ___________ SAT Writing: ________________

If you have attended college, where and when? ________________________________

___________________________________________________________________________

If you have attended a Service Academy Preparatory Academy, where and when?

___________________________________________________________________________

Father’s Name: _______________ Occupation: _____________________________

Mother’s Name: _______________ Occupation: _____________________________

Employment information:

Current and former place(s) of employment, if any: ____________________________

___________________________________________________________________________

___________________________________________________________________________

How many hours per week: ______________

After school hours: _______________ Summer hours: _______________
Additional Employment Information:_______________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Athletics** – please list all athletics you participate in, at what level and which years:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Extra Curricular Activities:** please list all that you participate in, and which years:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Awards/Honors:

I am also seeking a nomination through: ___________________________________

I have previously sought a nomination through: (name person, when, results):

You must have an open file at the academies you are seeking a nomination from. Please list where you have an open file:
If you are being recruited at an Academy, please state which one:

____________________________________________________________________

Please submit an essay on a separate page. In no more than 300 words, please state why you want to attend a United States Service Academy.

PLEASE READ BEFORE SIGNING

I have read the Information Sheet explaining the nominating procedure of Congresswoman Schakowsky and I am familiar with her requirements. I CERTIFY THAT I AM A LEGAL RESIDENT IN THE NINTH DISTRICT OF ILLINOIS. If I have not submitted all necessary data by the November 8, 2019 deadline, I understand that I may not be given final consideration for a nomination.

SIGNATURE:_____________________________________

DATE:______________________
CONGRESSWOMAN JAN SCHAKOWSKY
SERVICE ACADEMY RECOMMENDATION FORM

Deadline: November 2, 2018.
Mail with transcript to 5533 N. Broadway, Chicago IL  60640
Direct questions to 773-506-7100 or leslie.combs@mail.house.gov

This form must be completed by either the Principal or the Guidance Counselor of the school that the applicant attends.

Name of Applicant:_________________________________________________
Address of Applicant:_______________________________________________
Name of School:___________________________________________________
Address of School:_________________________________________________
Telephone Number:_________________________________
Applicant’s year in School______
Class Rank:____________
G.P.A.________

Leadership Characteristics:_________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Personality Traits: _________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Ability to work under pressure:_____________________________________________
______________________________________________________________________
Ability to get along with others:__________________________________________
______________________________________________________________________
List of applicant’s school activities:_______________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
General Comments/Recommendation (Your comments are most helpful, so please complete this section or attach a recommendation letter):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Signature:_______________________________________ Date:_________________
Position:______________________________________________________________