

ILLINOIS SENATOR TAMMY DUCKWORTH



ACADEMY CANDIDATE APPLICATION

Please accept my application for the class entering the year of _____.

PLEASE TYPE DIRECTLY INTO THE FIELDS BELOW

FIRST NAME: _____ M.I. _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ CONGRESSMAN: _____

PHONE (home): _____ PHONE (cell): _____

GENDER: ☐ MALE ☐ FEMALE DATE of BIRTH (mm/dd/yyyy): _____

SOCIAL SECURITY (xxx-xx-xxxx): _____

ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO

ARE YOU A RESIDENT OF ILLINOIS? ☐ YES ☐ NO

TEMPORARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (home): _____ PHONE (cell): _____

HIGHEST ACT/SAT SCORES

SAT VERBAL: _____

SAT MATH: _____

SAT WRITING: _____

ACT SCORES: _____

HIGH SCHOOL GED: _____

***PLEASE ATTACH A
CURRENT PHOTO HERE***

ACADEMY PREFERENCE
(Choose one)

U.S. Naval Academy: _____ **U.S. Merchant Marine Academy:** _____

U.S. Military Academy: _____ **U.S. Air Force Academy:** _____

HIGH SCHOOL AND/OR COLLEGE EXPERIENCE

NAME: _____

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

HIGH SCHOOL GRADUATION DATE (mm/dd/yyyy):_____

HIGH SCHOOL and/or COLLEGE GRADE POINT AVERAGE:

RANK: _____

PLEASE ATTACH YOUR MOST RECENT TRANSCRIPT

ARE YOU AWARE OF YOUR DoDMERB REQUIREMENTS? ☐ YES ☐ NO

SERVICE ACADEMY STUDENTS ARE REQUIRED TO MEET MANY DEADLINES. PLEASE TELL US HOW YOU MANAGE YOUR SCHEDULE TO ENSURE DEADLINES ARE MET:

PLEASE DESCRIBE YOUR WORK EXPERIENCE AND WORK ETHIC:

PLEASE PROVIDE THREE REFERENCES WITH ADDRESS AND PHONE NUMBER:

PHONE (home): _____ **PHONE (cell):** _____

PHONE (home): _____ **PHONE (cell):** _____

PHONE (home): _____ **PHONE (cell):** _____

PLEASE ATTACH THREE LETTERS OF RECOMMENDATION
(They may be the same as your references)

ACCEPTANCE INTO A SERVICE ACADEMY CHANGES YOUR LIFE IN MANY WAYS. TELL US HOW YOU FEEL ACCEPTANCE INTO A SERVICE ACADEMY WILL IMPACT YOUR FUTURE.

HAVE YOU DISCUSSED WITH YOUR PARENTS YOUR INTEREST IN ATTENDING AN ACADEMY? HOW DO THEY FEEL?

WHAT ARE YOUR PERSONAL GOALS? HOW DO YOU EXPECT THE ACADEMY TO ASSIST YOU IN ACHIEVING THOSE GOALS?

WHAT DO YOU BELIEVE WILL BE YOUR GREATEST CHALLENGE IN ADJUSTING TO ACADEMY LIFE?

DESCRIBE A SPECIFIC ROLE YOU PLAYED IN A RECENT SCHOOL OR COMMUNITY EVENT.

WHERE DO YOU SEE YOURSELF TEN YEARS AFTER YOUR ACADEMY EDUCATION IS COMPLETE?

**FAVORITE
SUBJECTS**

**LEAST FAVORITE
SUBJECTS**

ATHLETICS

	Varsity	JUNIOR Varsity	CLUB
BASKETBALL			
BASEBALL			
CHEERLEADING			
FENCING			
FIELD HOCKEY			
FOOTBALL			
GYMNASTICS			
LACROSSE			
SOCCER			
SWIMMING			
TENNIS			
TRACK			
VOLLEYBALL			
WRESTLING			
GOLF			
ICE HOCKEY			
FIGURE SKATING			
SKIING			
SOFTBALL			
RUGBY			
OTHER (Please list)			

EXTRACURRICULAR ACTIVITIES

<input type="checkbox"/> Eagle Scout	<input type="checkbox"/> President of Class	<input type="checkbox"/> Key Club
<input type="checkbox"/> Girl Scout/Girls Nation	<input type="checkbox"/> Other Class Office	<input type="checkbox"/> Language or Science Club
<input type="checkbox"/> Boy Scout	<input type="checkbox"/> Student Council Member	<input type="checkbox"/> Officer, Non-School Club
<input type="checkbox"/> Jr. ROTC Officer	<input type="checkbox"/> Other Student Office	<input type="checkbox"/> Community Award
<input type="checkbox"/> President of Student Govt.	<input type="checkbox"/> Editor, School Publication	<input type="checkbox"/> School Band
<input type="checkbox"/> Girl Scout Gold Award	<input type="checkbox"/> Office, School Club	<input type="checkbox"/> Chorus
<input type="checkbox"/> Yearbook/Newspaper	<input type="checkbox"/> Hours Worked per Week	<input type="checkbox"/> Hours Worked (Summer)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Signature (required)

I affirm that all of the information on this form and all attachments are accurate. I also affirm that I am a United States citizen (or will be prior to entering the service academy); a resident of Illinois; have good moral character; and will be at least 17 years old and will not have passed my 23rd birthday on July 1 of the year I wish to enter the service academy.

SIGNATURE OF APPLICANT: _____

Date of Application (mm/dd/yyyy): _____

Please return all information (this application, including a photo, your transcript, list of activities, list of references, and three letters of recommendation) to:

SENATOR TAMMY DUCKWORTH
ATTN: RANDY SIKOWSKI
8 SOUTH OLD STATE CAPITOL PLAZA
SPRINGFIELD, IL 62701
NOMINATIONS@DUCKWORTH.SENATE.GOV

PLEASE KEEP A COPY OF THESE MATERIALS FOR YOUR RECORDS.

