Be advised a congressional nomination is only half the process. Applicants are required to notify the academy of interest and to work within the academy’s admissions system.

INSTRUCTIONS:

To be considered for a nomination by Congressman Peter T. King to a military service academy, the following information should be submitted to his Massapequa Park office:

1. PHOTOS: Two (2) recent small (passport size - 2” X 2”) with your name printed on the back of each.

2. BIOGRAPHICAL INFORMATION FORM: Attached

3. HIGH SCHOOL FORM: Attached. Submit this form to your high school for completion. Your high school should mail this completed form ALONG WITH a copy of your OFFICIAL TRANSCRIPT

4. SAT and/or ACT SCORES: College Board website codes for Congressman Pete King, NY-02 are SAT: 0259 and ACT: 7545

5. TEACHER RECOMMENDATIONS: Two (2) forms attached.

6. PRIVACY RELEASE FORM: Attached

7. LETTERS OF RECOMMENDATION: Three (3) (non-teacher recommendations) pertaining to your life-long character traits; ONLY THREE letters will be included in your file.

Please pay careful attention to the deadline for submission, no later than October 15, 2020.

** Unless an applicant is making significant progress to fulfill the application requirements of the academy itself, the candidate may not be given full consideration for a congressional nomination.**

All forms should be returned to:
Congressman Peter King
1003 Park Boulevard
Massapequa Park, NY 11762
Attn: Kathleen Terrillion
Dear Academy Applicant:

Please submit this form to your High School for completion.

STUDENT'S FULL NAME

CURRENT HIGH SCHOOL

SAT SCORES:

PLEASE LIST THE BEST INDIVIDUAL SCORES OBTAINED:

VERBAL

MATH

WRITING

CLASS RANK:

() weighted

() unweighted

CUMULATIVE HIGH SCHOOL AVERAGE

COMPLETED BY DATE

TITLE CONTACT #:

Guidance counselors must return this completed form with a copy of the student's high school transcript no later than October 15, 2020.

Send form to: Congressman Peter T. King
1003 Park Boulevard
Massapequa Park, NY 11762
ATTN: Kathleen Terrilllon

Thank you for your cooperation in this matter.

Sincerely,

[Signature]

PETER T. KING
Member of Congress
BIOGRAPHICAL INFORMATION FORM
PLEASE PRINT

FULL NAME ____________________________________________

ACADEMY CHOICE________________________________________

SOCIAL SECURITY NUMBER____________________ DATE OF BIRTH_________________

AGE AS OF JULY 1ST OF THE YEAR YOU WOULD ENTER THE ACADEMY____________________

2nd C.D. HOME ADDRESS________________________________________
________________________________________ ZIP CODE________________

HOME TELEPHONE NUMBER: AREA CODE____ NUMBER____________________

CELL PHONE NUMBER: AREA CODE____ NUMBER____________________

EMAIL ADDRESS: ____________________________________________________

TEMPORARY ADDRESS, IF ANY________________________________________

FATHER'S NAME ____________________ MOTHER'S NAME____________________

APPLICANT'S BIRTHPLACE________________________________________

CITIZEN OF THE UNITED STATES: YES____ NO____

NAME OF HIGH SCHOOL________________________________________

ADDRESS________________________________________

GRADUATION DATE________________________________________

ACADEMIC STANDING/RANK IN CLASS_________ OUT OF_________ AS OF_________

LIST EXTRA-CURRICULAR ACTIVITIES INCLUDING SPORTS AND WORK EXPERIENCE:

________________________________________________________________________

________________________________________________________________________

SEND THIS COMPLETED FORM ALONG WITH THE OTHER REQUIRED MATERIAL, no later than October 15th, 2020 TO:

Congressman Peter T. King
1003 Park Boulevard
Massapequa Park, NY 11762
Attn: Kathleen Terrillion
TEACHER RECOMMENDATION FORM
FOR UNITED STATES SERVICE ACADEMY APPLICANT:

STUDENT'S NAME________________________________________

ACADEMY CHOICE________________________________________

TEACHER'S NAME________________________________________ SUBJECT________________________

NAME OF HIGH SCHOOL________________________________________

ADDRESS________________________________________

TOWN________________________________________ ZIP CODE________________________

SCHOLASTIC ABILITY________________________________________

________________________

CHARACTER________________________________________

________________________

LEADERSHIP________________________________________

________________________

MOTIVATION________________________________________

________________________

SERIOUSNESS OF PURPOSE________________________________________

________________________

ATHLETICS________________________________________

________________________

OTHER COMMENTS________________________________________

________________________

PLEASE SEND THIS COMPLETED FORM TO:
Congressman Peter T. King,
1003 Park Blvd,
Massapequa Park, New York 11762

Thank you for your cooperation in completing and returning this form **no later than October 15th, 2020.**
TEACHER RECOMMENDATION FORM
FOR UNITED STATES SERVICE ACADEMY APPLICANT:

STUDENT'S NAME ________________________________

ACADEMY CHOICE ________________________________

TEACHER'S NAME ___________________________ SUBJECT __________________

NAME OF HIGH SCHOOL ________________________________

ADDRESS ______________________________________

TOWN __________________________ ZIP CODE __________________

SCHOLASTIC ABILITY ______________________________________

CHARACTER ______________________________________

LEADERSHIP ______________________________________

MOTIVATION ______________________________________

SERIOUSNESS OF PURPOSE ________________________________

ATHLETICS ______________________________________

OTHER COMMENTS ______________________________________

PLEASE SEND THIS COMPLETED FORM TO:
Congressman Peter T. King,
1003 Park Blvd,
Massapequa Park, New York 11762

Thank you for your cooperation in completing and returning this form no later than October 15th, 2020.
The provisions of the Federal Privacy Act, prohibits the disclosure of confidential information concerning your affairs without your written authorization. If you wish for Congressman Peter T. King to consider you as a candidate for a nomination to a Service Academy, complete the authorization form below and return it to my Massapequa Park District Office.

CANDIDATE NAME: ___________________________ Date of Birth: ________
/   /   /

Parent Name(s): __________________________________________

Current Mailing Address (no P.O. Boxes):
________________________________________________________________________
________________________________________________________________________

Telephone Numbers: (Home) __________________________

Social Security Number: __________________________

I hereby authorize Congressman Peter T. King to obtain and share confidential information about myself with any of the U.S. Service Academies and his nominating committee.

Should I receive a nomination, my information (including a picture) may be shared with local newspapers and media agents.

☐ I agree to have my information shared with local newspapers and/or media agents.

☐ I do not want my information shared with local newspapers and/or media agents.

Student Signature: __________________________ Date: ________ /   /   

Parent Signature: __________________________

Return no later than October 15, 2020
Congressman Peter King
1003 Park Boulevard
Massapequa Park, NY 11762
FAX: (516) 541-6602