



SENATOR MARKWAYNE MULLIN

U.S. SENATE

Service Academy Nomination Application Packet Checklist:

- Completed Application
- Two Letters of Recommendation
- Service Academy Academic Recommendation Form
- 1 Page Personal Statement Outlining Interest in Entering a Service Academy
- Recent Photo
- Official Copy of High School Transcript
- Official Copy of ACT or SAT Score, with Writing Component

2023 Service Academy Nominations Deadline:

Friday, October 13th, 2023

Please Mail All Application Materials to:

Senator Markwayne Mullin
Attn: William Barnes
3817 NW Expressway #780
Oklahoma City, OK 73112
Contact Number: 405-246-0025

**COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY OCTOBER 13TH,
2023. NO EXCEPTIONS.**



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Service Academy Nomination Application

I. General

Full Name: _____ **SSN:** _____
Last First Middle Suffix

Home Address: _____
Number and Street City, State Zip Code

Mailing Address (if different): _____
Number and Street City, State Zip Code

Home Phone: _____ **Cell Phone:** _____

Place of Birth: _____ **Date of Birth:** _____

Email Address: _____

Academy Preferences (If interested in more than one academy, please rank in order of priority)

1. _____ 2. _____
3. _____ 4. _____

II. Family

Father's Legal Name: _____ **Phone Number:** _____

Mother's Legal Name: _____ **Phone Number:** _____

Legal Guardian, if other than parent: _____



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III. Academic Information

Name of High School: _____ Graduation Year: _____

School Address: _____

School Counselor: _____ Counselor's Phone Number: _____

GPA: _____ Class Rank: _____

If you have taken or are taking Honors/AP classes, or courses at a college or university, please list them below:

IV. Activities and Awards

Activity	Description of activity, accomplishments, offices held, awards, etc.	Year(s)



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V. Nomination

If also seeking a nomination through another office, please list below:

VI. Signature

I certify that I am a legal resident of Oklahoma and that all information provided is accurate. I understand that the deadline for application is on or before October 13th, 2023.

Signature

Date



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Service Academy Recommendation Form

FORM MUST BE COMPLETED BY A SCHOOL COUNSELOR OR TEACHER

Note: This recommendation form is completely confidential. Please place completed form in an envelope and seal.

Name of Applicant: _____ **Year in School:** _____

Please rate applicant's abilities:	Excellent	Good	Fair	Poor
Leadership Characteristics				
Personality Traits				
Ability to get along with and work well with others				
Ability to work under pressure				
Ability to take criticism				
Attendance, punctuality and dependability				
Overall assessment of candidate				

Additional Academic Criteria (mark all that apply):

Honors Classes _____ **AP Classes** _____ **Other** _____

Additional Comments: _____

Signature: _____ **Date:** _____

Printed Name: _____ **Phone Number:** _____

Title: _____ **School:** _____