

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 3x5 Photo
- Official Copy of High School Transcript
- Official Copy of ACT or SAT Score, with Writing Component

2024 Service Academy Nominations Deadline:

Friday, October 11th, 2024

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 11th, 2024. NO EXCEPTIONS.



SENATOR MARKWAYNE MULLIN U.S. SENATE

Service Academy Nomination Application

I. General					
Full Name:				SSN:	
Last	First	Middle	Suffix		
Home Address:		N. J. Ja		G'i G	Zip Code
Mailing Address (if dif	terent):	Number and Street		City, State	Zip Code
Home Phone:		Cell Ph	one:		
Place of Birth:		D	ate of Birt	h:	
Email Address:					
Academy Preferences priority)	(If interest	ed in more than	one acad	emy, please	rank in order o
1		2			
3		4			
II. Family					
Father's Legal Name:			_ Phone N	umber:	
Mother's Legal Name:			_ Phone N	umber:	
Legal Guardian, if other	er than pare	nt:			



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Name of High School	:Graduati	Graduation Year:		
School Address:				
School Counselor:	Counselor's Phone Numbe	r:		
GPA:	Class Rank:			
If you have taken or please list them below	r are taking Honors/AP classes, or courses at a colle w:	ge or university,		
IV. Activities and	Awards			
Activity	Description of activity, accomplishments, offices held, awards, etc.	Year(s)		



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V. Nomination

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If also seeking a nomination through another	ther office, please list below:
VI. Signature	
I certify that I am a legal resident of Ok understand that the deadline for application	clahoma and that all information provided is accurate. I on is on or before October 13 th , 2023.
Signature	Date



SENATOR MARKWAYNE MULLIN U.S. SENATE

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.

ime 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					
lditional Academic Criteria (ma onors Classes	ork all that ap AP Classes_		Other_		
lditional Comments:					
gnature:			Date:		
rinted Name:		Phone	e Number:	_	
itle:	School				