



# Congresswoman Grace Meng

6<sup>th</sup> District, New York  
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## APPLICATION FOR SERVICE ACADEMY NOMINATION CLASS OF 2030

### PERSONAL DATA

Legal Name	LAST/FAMILY NAME:					SUFFIX (OPTIONAL):		
	FIRST/GIVEN NAME:					MIDDLE Name (COMPLETE):		
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:	MM	DD	YYYY	AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>Permanent / Home Address</b>								
Street Address:						Apt / Floor / Suite:		
Town / City:				State:		Zip Code: _ _ _ _ - _ _ _		
Home Phone: ( _ _ _ ) _ _ _ - _ _ _			Cell Phone: ( _ _ _ ) _ _ _ - _ _ _			Other: ( _ _ _ ) _ _ _ - _ _ _		
Email:								
<b>Temporary Address (If any)</b>								
Street Address:						Apt / Floor / Suite:		
Town / City:				State:		Zip Code: _ _ _ _ - _ _ _		

### FAMILY INFORMATION

<b>PARENT / GUARDIAN 1: MR / MRS / MS</b>		
Cell Phone: ( _ _ _ ) _ _ _ - _ _ _		Other: ( _ _ _ ) _ _ _ - _ _ _
Email:		
<b>PARENT / GUARDIAN 2: MR / MRS / MS</b>		
Cell Phone: ( _ _ _ ) _ _ _ - _ _ _		Other: ( _ _ _ ) _ _ _ - _ _ _
Email:		

### SERVICE ACADEMY

For which of the following academies are you requesting a nomination? If you are requesting more than one, number your choices in order of preference from most preferred first. Please limit yourself to two.

___ UNITED STATES AIR FORCE ACADEMY	___ UNITED STATES MERCHANT MARINE ACADEMY
___ UNITED STATES NAVAL ACADEMY	___ UNITED STATES MILITARY ACADEMY at WEST POINT
Have you previously applied for a Congressional Nomination? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____	
Have you begun the application process with the Service Academy/Academies? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate which ones: <b>USFA / USMMA / USMA / USNA</b>
Are you seeking any nominations through other official nominating sources? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify: _____



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6<sup>th</sup> District, New York

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

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**Extracurricular, Community & Athletic activities**

Complete this section by listing your extracurricular, community and athletic activities. You may also list your work or volunteer experiences. This section should highlight your activities outside of academia. Résumés will not be accepted.

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<u>Grade level or post-graduate</u>					<u>Approximate time spent</u>		<u>When did you participate?</u>		<u>Organization / Team / Employer</u>
9	10	11	12	PG	Hours/week	Weeks/year	School year	Summer/ School break	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position/Activity _____									



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LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

## Education

List each school that you have attended since ninth grade, beginning with the one that you are attending now (excluding any summer school programs and college courses):

Name of School:		
Start Date: ( __ / __ / ____ )	Expected Date of Graduation or End Date: ( __ / __ / ____ )	
Street Address:		
Town / City:	State:	Zip code: ____ - ____

OTHER SCHOOLS THAT YOU HAVE ATTENDED SINCE THE NINTH GRADE:

NAME OF SCHOOL	CITY, STATE, ZIP CODE	DATES ATTENDED

## COLLEGE ENTRANCE EXAMINATION SCORES

Number of times that you have taken the: SAT Exam \_\_\_\_\_ ACT Exam \_\_\_\_\_

You must submit an official score report for each and every exam.

Please complete the tables below with your highest exam scores.

SAT Exam	Reading and Writing	Mathematics
Score		
Date of Exam		

ACT Exam	Composite
Score	
Date of Exam	

## RECOMMENDATIONS

Please provide the names of the individuals who wrote or will write a letter of recommendation on your behalf.

Full Name	Relationship	Phone Number

## SIGNATURE

I certify that all information submitted in the nomination process—including, but not limited to, applications, statements, supporting documents—is entirely my own work, and to the best of my knowledge, accurately and honestly presented. I certify that the information submitted on this application is complete and accurate to the best of my knowledge.

I am a citizen of the United States of America or will have attained citizenship before I enter the academy if offered an appointment.

Signature of Applicant

Date

This application form and required documents must be received by Saturday, November 1, 2025.

Please send your application and materials to:

**[Evelyn.Li@mail.house.gov](mailto:Evelyn.Li@mail.house.gov)**