



U.S. Department
of Transportation
**Maritime
Administration**

U.S. Merchant Marine Academy
300 Steamboat Road, Kings Point, New York 11024-1699

OMB No. 2133-0010

CANDIDATE APPLICATION — PART I

This collection of information is required to obtain benefits and will be used to determine the eligibility of respondents for admission to the U.S. Merchant Marine Academy. Public reporting burden is estimated to average five hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Merchant Marine Academy does not consult or discuss any information with anyone not expressly designated by the candidate. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2133-0010. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management and Information Services, 400 Seventh Street, S.W., Room 7301, Washington, D.C. 20590.

*If you wish to
complete this
application On-Line,
go to the
Academy's web site:
www.usmma.edu*

APPLICANT NAME: (Last, First, Middle, and Suffix (Jr., Sr., II, III, IV))

SOCIAL SECURITY NO.										DATE OF BIRTH			SEX	RACE AND NATIONAL ORIGIN (Optional)				TELEPHONE NUMBER									
[Grid for Social Security No.]										Month	Day	Year	Male <input type="radio"/>	<input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> Black, not of Hispanic origin <input type="radio"/> White, not of Hispanic origin				[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> January			Female <input type="radio"/>	CITIZENSHIP <input type="radio"/> U.S. Citizen <input type="radio"/> Not a U.S. Citizen Citizen of: _____				[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> February			PLACE OF BIRTH _____ (City and State)				[Grid for Telephone Number]										
[Grid for Social Security No.]										<input type="radio"/> March	0	0						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> April	1	1						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> May	2	2						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> June	3	3						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> July	4	4						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> August	5	5						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> September	6	6						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> October	7	7						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> November	8	8						[Grid for Telephone Number]									
[Grid for Social Security No.]										<input type="radio"/> December	9	9						[Grid for Telephone Number]									

HOME ADDRESS: (Street, City, County, State, and Zip Code)

MAILING ADDRESS: (If different than home address above) (Street, City, County, State, and Zip Code)

Your E-Mail Address:

Parent/Guardian's Name	Work Telephone No. (Area Code)	Home Telephone No. (Area Code)	Have you ever been a candidate for the USMMA? <input type="radio"/> Yes <input type="radio"/> No If "yes", when? (Year)
Father:			
Mother:			
Guardian:			

Parent/Guardian's Address (If different than applicant's permanent address)

ACADEMIC MAJOR	Please supply the following information:	Do you wish to be considered for Early Decision? (Must apply by 1 November)
<input type="radio"/> Logistics and Intermodal Transportation <input type="radio"/> Marine Engineering <input type="radio"/> Marine Engineering Systems <input type="radio"/> Marine Engineering and Shipyard Management <input type="radio"/> Marine Transportation <input type="radio"/> Maritime Operations and Technology <input type="radio"/> Dual License <input type="radio"/> Undecided	On entering USMMA in July, will you have completed: Yes No <input type="radio"/> <input type="radio"/> Trigonometry (at least 1 Semester)? <input type="radio"/> <input type="radio"/> Chemistry (with Lab)? <input type="radio"/> <input type="radio"/> Physics (with Lab)? <input type="radio"/> <input type="radio"/> Is your visual acuity 20/400 or better? <input type="radio"/> <input type="radio"/> Is your vision correctable to 20/20? <input type="radio"/> <input type="radio"/> Do you have a history of asthma? <input type="radio"/> <input type="radio"/> Do you have problems with color vision?	<input type="radio"/> Yes <input type="radio"/> No N.B. Early Decision candidates agree to withdraw applications from all other institutions upon notification of unconditional appointment to USMMA.

NAME OF HIGH SCHOOL OR PREP SCHOOL YOU ATTENDED/ARE ATTENDING: (Name, Address, City, State, and Zip Code)

DID YOU ATTEND COLLEGE OR PREP SCHOOL AFTER HIGH SCHOOL GRADUATION? (If you did, list that school's name and state):

- College
 Prep

IF YOU ARE CURRENTLY IN THE MILITARY (Guard, Reserve or Active Duty), WHAT IS YOUR PAY GRADE: E - ① ② ③ ④ ⑤

This item is not used as part of the qualification/selection process. The information you provide in this section will be forwarded to the appropriate activity director. The director may contact you to learn more of your interest and abilities, and to more fully inform you of the Academy's program in the area.

SAT SCORES	
VERBAL	MATH
0	0
0 0	0 0
1	1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9	9

ACT SCORES	
ENGLISH	MATH
0	0
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9	9

CAND. CUM. GPA		
0	0	0
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3	3	3
4	4	4
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7	7	7
8	8	8
9	9	9

RANK IN CLASS	
<input type="radio"/>	Top 5 Percent
<input type="radio"/>	Top 10 Percent
<input type="radio"/>	Top 20 Percent
<input type="radio"/>	Top 30 Percent
<input type="radio"/>	Top 40 Percent
<input type="radio"/>	Top 50 Percent
<input type="radio"/>	Lower 50 Percent

Height _____

Weight _____

H.S. ETS CODE					
0	0	0	0	0	0
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2	2	2	2	2	2
3	3	3	3	3	3
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9	9	9	9	9	9

YEAR OF H.S. GRADUATION		
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4	4	4
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9	9	9

HIGH SCHOOL ACTIVITIES	PARTICIPATION		VARSITY LETTER		INTEND TO PARTICIPATE IN COLLEGE	
	Yes	No	One Year	More Than One Year	Yes	No
Baseball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-Country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lacrosse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pistol & Rifle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soccer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Softball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming/Diving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track & Field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water Polo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrestling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drill Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boy/Girl Scouts/Explorers/Campfire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Band/Orchestra/Chorus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheerleading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper/Yearbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Have you served as Captain of an organized athletic team? Yes No
- Have you served in a High School Student Government position? Yes No
- Have you actively participated in community organizations such as Religious, Scouts, 4-H, Sea Cadets, Coast Guard Aux., Civil Air Patrol, etc.? Yes No
- Have you received special recognition such as Eagle/Gold Award, Boy's/Girl's State, Billy Mitchell Award, etc.? Yes No
- Have you worked at least 10 hours per week during the school year? Yes No
- Have you ever been rejected for any branch of the Armed Forces, ROTC, or Service Academy? Yes No
- Have you ever been arrested, indicted, or convicted of any violation of Civil or Military Law? Yes No

APPLICATION DEADLINE IS MARCH 1

An Appointment will not be considered unless Parts 2 and 3 and the Biographical Essay are also completed and received by the above deadline.

APPLICANT'S SIGNATURE	DATE
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Privacy Act Statement

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the Maritime Administration.

- Authority which authorized the solicitation of the information: 46 App. USC 1295b and 1295g.
- Principal purpose(s) for which information is intended to be used: The information is used to evaluate each applicant for an appointment to the U.S. Merchant Marine Academy.
- The routine uses which may be made of the information: As background information on applicants for the selection process. To contact the applicant. The social security number is a basic identifier.
- Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of the information is voluntary, but the applicant will not be considered further if all information is not provided.



CANDIDATE APPLICATION — PART II

APPLICANT NAME: (Last, First, Middle, and Suffix (Jr., Sr., II, III, IV))

<p>SOCIAL SECURITY NO.</p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td 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style="width: 100%;"> <tr> <td><input type="checkbox"/> Academy Admissions Office</td> <td><input type="checkbox"/> Academy Faculty</td> <td><input type="checkbox"/> HS Coach</td> <td><input type="checkbox"/> Relative</td> </tr> <tr> <td><input type="checkbox"/> Academy Field Rep. or Alumni/ae</td> <td><input type="checkbox"/> Congressional Office</td> <td><input type="checkbox"/> HS Counselor</td> <td><input type="checkbox"/> Other (Identify): _____</td> </tr> <tr> <td><input type="checkbox"/> Academy Athletic Coach</td> <td><input type="checkbox"/> Friend</td> <td><input type="checkbox"/> HS Faculty</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Academy Admissions Office	<input type="checkbox"/> Academy Faculty	<input type="checkbox"/> HS Coach	<input type="checkbox"/> Relative	<input type="checkbox"/> Academy Field Rep. or Alumni/ae	<input type="checkbox"/> Congressional Office	<input type="checkbox"/> HS Counselor	<input type="checkbox"/> Other (Identify): _____	<input 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<input type="checkbox"/> Academy Athletic Coach	<input type="checkbox"/> Friend	<input type="checkbox"/> HS Faculty	_____																																																																																																																								

If you have applied to any other U.S. Service Academies and/or any of the State Maritime Schools, please check the appropriate box(es) below:

- | | | | | |
|--------------------------------|-------------------------------|---|---|---|
| <input type="checkbox"/> USAFA | <input type="checkbox"/> USMA | <input type="checkbox"/> California Maritime | <input type="checkbox"/> Maine Maritime | <input type="checkbox"/> New York (SUNY) Maritime |
| <input type="checkbox"/> USCGA | <input type="checkbox"/> USNA | <input type="checkbox"/> Great Lakes Maritime | <input type="checkbox"/> Massachusetts Maritime | <input type="checkbox"/> Texas (A&M) Maritime |

IDENTIFY ONLY THOSE ACTIVITIES IN WHICH YOU PARTICIPATED FROM GRADE 9 TO PRESENT.

NON ATHLETIC ACTIVITIES: (Include work experience, clubs, hobbies, community or service organizations, Naval Reserve Sea Cadets, Scouting, etc.)

Activity	Special Achievement or Awards	Offices Held	Years

SCHOOL ATHLETIC ACTIVITIES:

Activity	Number Varsity Awards	Position	Special Achievements	Years

BIOGRAPHICAL SKETCH/ESSAY: (On a separate sheet of paper, give a biographical sketch of at least 200 but not more than 300 words. It is suggested that you include your reasons for wishing to attend the Academy, a discussion of your curriculum preference, the development of your career interest as a result of your high school classes, hobbies and activities, including any sailing experience, seaman's experience, and/or military experience.) See Page 5 for new essay requirements.

Have you ever visited the Academy?

Yes No Plan To Visit (Date) _____

Indicate below the person(s) with whom the Admissions Office may disclose information regarding your candidacy.

Yes No Nominating Authority

Yes No Parents/Guardian

Yes No School Counselor/Principal

Other (Identify) _____

CERTIFICATION OF APPLICANT:

I understand that if I am appointed, after reporting to the Academy to begin the program, I must sign a **Service Obligation Contract** as set forth in the current official catalog.

I certify that the statements of dates, place of birth, citizenship, and all other information contained on Parts I and II of this application, are true and correct to the best of my knowledge. Knowingly providing false information may result in forfeiture of appointment to the Academy.

Signature of Applicant

Date

CERTIFICATION AND CONSENT OF PARENT/GUARDIAN

(Not required if applicant has reached majority age of consent under the laws of his/her State of residence.)

I hereby consent to my son, daughter or ward's appointment as a Midshipman to the U.S. Merchant Marine Academy should he/she become entitled to such appointment. I am aware and in agreement with their mandatory obligation to serve in the U.S. Merchant Marine and to seek and accept, if tendered, a commission in an armed force reserve unit as set forth in the current catalog.

I certify that the statements of dates, place of birth, citizenship, and all other information contained on Parts I and II of this application, are true and correct to the best of my knowledge. Knowingly providing false information may result in forfeiture of appointment to the Academy.

Signature of Parent or Guardian

Date

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3. *The routine uses* which may be made of the information: As background information on applicants for the selection process. To contact the applicant. The social security number is a basic identifier.
4. Whether or not *disclosure* of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of the information is voluntary, but the applicant will not be considered further if all information is not provided.

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UNITED STATES MERCHANT MARINE ACADEMY
Kings Point, New York

APPLICATION PART II, ESSAY

New Essay Requirement

The United States Merchant Marine Academy has initiated a new essay requirement. In place of the old Biographical Sketch/Essay instructions, Candidates (applicants for admission) must submit the information requested below.

Required Essay: On a separate sheet of paper, give a biographical sketch of at least 200 but not more than 300 words. In this sketch, it is required that you include your reasons for wishing to attend the academy and that you state your understanding and willingness to accept the service obligation upon graduation. Furthermore, it is highly recommended that you also include a discussion of your curriculum preference, and the development of your career interest as a result of your high school classes, hobbies, and activities – including any sailing and/or military experience.



**U.S. Merchant Marine Academy,
300 Steamboat Road, Kings Point, New York 11024-1699**

CANDIDATE APPLICATION — PART III

APPLICANT NAME: (Last, First, Middle, and Suffix (Jr., Sr., II, III, IV))

SOCIAL SECURITY NO.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
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9	9	9	9	9	9	9	9	9	9

THE APPLICANT COMPLETES ONLY NAME AND SOCIAL SECURITY NUMBER

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY SCHOOL OFFICIAL(S):

INSTRUCTIONS: The Student named above is applying for admission to the U.S. Merchant Marine Academy. Please complete this form, Part III of the student's application, as accurately as possible. The Academy requires the following information as part of the application review process:

1. Most current **transcript**, showing all courses taken and completed to date, as well as all courses currently in progress.
2. All **standardized test scores** (SAT and/or ACT) from tests taken to date.
3. Applicant's **rank in class**. If your school does not rank, you should indicate which decile the applicant falls into (for example, 1st decile for students in the top 10% of their class, 2nd decile for students in the top 20%, etc.).
4. A **written evaluation** of applicant (see reverse side).
5. Copy of your **School Profile**.

IMPORTANT: Please submit this information immediately. Failure to return all materials to the Admissions office in a timely manner could adversely affect this applicant's prospect for an Appointment to the Academy.

Please provide the following information:

High School CEEB/ACT Code Number: _____ What percentage of your graduates attend 4-year colleges? _____%

Does your school require an entrance examination? Yes No If "Yes", what percentage of applicant's are admitted? _____%

High School Name	School Telephone Number
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School Address

Applicant's Cumulative GPA	Year of Graduation
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RANK IN CLASS: (If not available, approximate to nearest tenth from top)		
<input type="checkbox"/> Exactly <input type="checkbox"/> Approximately	Rank From Top	Number of Students

Indicate how grade point average and rank in class were determined. (If not described in your enclosed school profile):

OTHER (Additional information which may be significant in considering this applicant)

Name and Title (Please Print or Type)	Signature	Date
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INSTRUCTIONS FOR THE SCHOOL OFFICIAL: Please evaluate the following statements concerning this applicant. Mark only one choice for each statement. You are asked to choose the rating that best describes the applicant in relation to his/her peers.

Your confidentiality with regard to your responses is assured. Your identity as the source of information relating to this applicant will not be disclosed.

	Superior	Above Average	Average	Below Average	Not Observed		Superior	Above Average	Average	Below Average	Not Observed
1. Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Please provide your professional assessment regarding this applicant's ability to perform at a service academy. You are assured of confidentiality regarding your comments. Please feel free to include a separate sheet for your remarks if you require more space than has been provided. Additional assessments from other administrators, faculty and/or coaches, who are familiar with the applicant, while not required, are most welcome. Thank you for your assistance.

NAME AND TITLE OF EVALUATOR (Please Print or Type)	Signature of Evaluator	Date
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CHECKLIST: Please use this checklist to assure that all required information is included with this Form:

- Student Transcript
- Standardized Test (SAT/ACT) Scores
- School Profile
- Rank in Class or Equivalent (mandatory)
- Written Evaluation(s)

Privacy Act Statement

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the Maritime Administration.

- Authority** which authorized the solicitation of the information: 46 App. USC 1295b and 1295g.
- Principal purpose(s)** for which information is intended to be used: The information is used to evaluate each applicant for an appointment to the U.S. Merchant Marine Academy.
- The routine uses** which may be made of the information: As background information on applicants for the selection process. To contact the applicant. The social security number is a basic identifier.
- Whether or not **disclosure** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of the information is voluntary, but the applicant will not be considered further if all information is not provided.

This collection of information is required to obtain benefits and will be used to determine the eligibility of respondents for admission to the U.S. Merchant Marine Academy. Public reporting burden is estimated to average five hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Merchant Marine Academy does not consult or discuss any information with anyone not expressly designated by the candidate. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2133-0010. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management and Information Services, 400 Seventh Street, S.W., Room 7301, Washington, D.C. 20590.

PLEASE MAIL COMPLETED FORM, WITH ATTACHMENT(S), TO: Director of Admissions
 U.S. Merchant Marine Academy
 300 Steamboat Road, Wiley Hall
 Kings Point, NY 11024-1699