



Welcome to the United States Coast Guard Academy Introduction Mission (AIM) Program Application!

USCGA applications are not part of the ApplyYourself (AY) network and therefore require you to create a unique username and password. Even if you already have an AY account that you've used to apply to another institution, you'll need to create a new one using the "create account" button (on the right) before you can access our applications. This new AY account allows you to save your progress on our applications, so that you can return to work on your applications over several sessions and transmit your information to us through a secure server. If you previously created an AY account to apply to our AIM Program, you can and should use that account to apply to the Class of 2018.

Please carefully read all instructions that appear throughout our applications. You can only submit an application once, so updates will need to be provided to the Admissions Office via e-mail for inclusion in your record. By accessing our applications, you are confirming that you have read and understand our Privacy Act Statement. All information submitted to USCGA, including your personal statements, is protected under the Privacy Act.

Privacy Act Statement: In accordance with 5 USC 552(e)(3), the following information is provided to you when supplying personal information to the USCG: (1) Authority which authorizes the solicitation of the information: 14 USC 182(a); (2) The Principal Purpose for this information is to ensure that the applicant is basically qualified to apply for the USCGA or AIM Program; (3) Routine uses which may be made of the information: a) As background information on applicants for the selection process; b) To contact the applicant; c) The social security number may be used as a unique identifier; d) To determine if there are existing USCG records on the applicant; and e) In performance of the duties of officials and employees of the USCG, in managing and contributing to the USCGA or AIM Program selection process and tendering appointments to the same; (4) Disclosure of the information is voluntary, but the applicant will not be considered further if the information is not provided. Submissions of Evaluators will not be disclosed to the applicant without Evaluator consent. Release to any other individual/entity is only as required by law.

OMB No. 1625-NEW (Expires: mm/dd/yyyy): An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 180 minutes. You may submit comments concerning the accuracy of this estimate or any suggestions for reducing the burden to Admissions@uscga.edu.

User Login

Please input your login information below to open your application.

User Name:

Password:

 [Forgot your User Name or Password?](#)

Create Account

If you are new to our application and do not already have a User Name, please click on the button below to register for a new account.

 [Technical Support](#)

 [Security Information](#)

Application System Requirements

- Supported browsers include Internet Explorer 8 & 9 (Windows), Firefox 3.6 & 7 (Mac), Firefox 3 and 7 (Windows), Chrome 12 (Windows and Mac), Safari 4 & 5 (Mac), (Macintosh users - OS X).
- While the majority of features will work with other browsers, we can only guarantee full compatibility and offer support for the browsers mentioned above.
- If you are using Internet Explorer 6, we strongly recommend upgrading to version 9 as version 6 does not meet our minimum security requirements.
- If you are using Compatibility View with Internet Explorer, some pages may not look as intended. We recommend removing applyyourself.com from your list of sites that have Compatibility View enabled.

For IE8:

- In Internet Explorer, open the Tools menu at the top and select Compatibility View Settings.
- Select applyyourself.com under "Websites you've added to Compatibility View."

- Click Remove.

For IE9:

- In Internet Explorer, right-click on the gear icon in the upper right hand corner, next to the "favorites" star icon. (If you don't see this gear icon or your "File" and "Tools" menus at the top of your window, press your F10 key to make them show.)
- Select Command bar.
- Open the Tools menu near the top and select Compatibility View Settings.
- Select applyyourself.com under "Websites you've added to Compatibility View."
- Click Remove.
- If you are using one of the supported browsers and are experiencing problems, we encourage you to upgrade to the latest version. If you still experience problems after upgrading, please make sure that your browser is set to accept cookies. Also, make sure the following browser settings are enabled:
 - JavaScript must be enabled.
 - Popup blockers must be disabled.
- If your browser has a section for trusted sites, please enter these two URLs:
 - <http://app.applyyourself.com>
 - <https://app.applyyourself.com>
- You will need Adobe Reader 6.0 or higher to download, view and print PDF files. While PDF files should work with most other PDF viewers, we can only guarantee full compatibility and support for Adobe Reader 6.0 or higher.
- If your email offers a whitelist, please add the following address:
 - support@hobsons.com
- For security reasons, we recommend that you should logout of the online application after each session.



[Tech Support](#)[Update Profile](#)[Main](#) | [Logout](#)**Message Center****Class of 2017
Application Deadlines**Early Action, Group 1:
October 15thEarly Action, Group 2:
November 15thRegular Admissions:
February 1st**Notification Dates**Early Action, Group 1:
By December 24thEarly Action, Group 2:
By February 1stRegular Admissions:
By April 15th**[USCGA 2017 Application](#)**☒ **Submission Status: Not Submitted****[AIM Program Application](#)**☒ **Submission Status: Not Submitted****Main Menu:
Status Legend**☐ Not Started☒ Started☐ Submitted[Technical Support](#) [Update Profile](#) [Logout](#)

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Recommendations**Check Your Application****Welcome, Chris! Your application is in progress.**

Thank you for your interest in the United States Coast Guard Academy and the AIM Program. This application must be completed online and submitted electronically. You do not have to complete your application in one sitting - you may save your progress and return to work on your application until it is ready to submit. You can quickly switch between sections of the application by using the navigational links located on the left side of the screen.

If possible, consider completing the "Recommendations" section first to allow those individuals to begin working on your letters of recommendation while you are working on your application. Once you have completed your application, use the "Submit" button located at the top of the page to begin the process of electronically sending your application to our office.

Please note that you can only submit your application once and, once submitted, you will not be able to make changes to your application using the online system; however, you may submit corrections via e-mail.

Details

Chris McMunn
User Name: mcmunn1

AIM Program Application

Submission Status:
Not Submitted

Last Date Accessed:
12/10/2012 2:52:59 AM EST

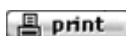
Helpful Hints

☐ User License Agreement

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Recommendations**Check Your Application****Applicant Information**

* Indicates a required field

Name and Social Security Number

Legal First Name *

Legal Middle Name

Legal Last Name *

Suffix

Social Security Number *

###-##-####

Mailing Address

Address Line 1 *

Address Line 2

City *

State

Required if living in the U.S.

Country *

Zip or Postal Code *

#####

Telephone Numbers and Email

Primary Phone Number

(###) ###-####

Alternate Phone Number

(###) ###-####

International Phone Number

Email Address *

We will occasionally send official correspondence only via email, so please ensure you're providing us an address you will maintain and check at least once a week.

Personal Information

Height *

 Inches

Weight *

 Pounds

Date of Birth *

(mm/dd/yyyy)

You must be 16-17 years old to attend the AIM Program

City of Birth *

County of Birth

Required if born in the U.S.

State of Birth

Required if born in the U.S.

Country of Birth *

Gender *

Marital Status *

Citizenship *

If you hold dual citizenship, please choose the other country below.

Other Country of Citizenship

Are you fluent in another language? * ☐ Yes ☒ No

If you are fluent (reading, speaking, and writing) in a language other than English, enter the other language below.

Other Language(s)

Are you of Hispanic or Latino ethnicity or heritage? *

Regardless of your answer to the previous question, please select all of the races which best describe you. *

☐ African-American or Black (including Africa and the Caribbean)

☐ Asian (including Indian subcontinent and the Philippines)

☐ Native American or Alaska Native (including all original peoples of the Americas)

☐ Native Hawaiian or Pacific Islander (original peoples)

☐ White (including Middle Eastern)

☐ Decline to answer

Have you ever been detained, arrested, summoned into court or participated in a diversion or probation program? *

☐ Yes ☒ No

If yes, please briefly explain.

Characters left in your response 300

Do you have any tattoos, brandings, or body piercings? *

☐ Yes ☒ No

If yes, please briefly describe.

Characters left in your response 300

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Applicant Information

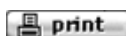
☐ Family Information

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Recommendations**Check Your Application****Family Information**

* Indicates a required field

Mother's Information

Is she living? *

☐ Yes ☒ No

Mother's First Name

Mother's Last Name

Work Phone

(###) ###-####

Home Phone

(###) ###-####

International Phone Number

Email Address

Occupation

Is your mother a graduate of one of the federal service academies? *

Select One



Did your mother graduate from college? *

☐ Yes ☒ No

College(s) attended (if any)

Highest Education Level

Select One



Was or is your mother a member of the armed forces? *

Select One



Highest Rank Held

Select One

**Mother's Address**

Does your mother have a different mailing address than you?

☐ Yes ☒ No

Mailing Address

City

State

Select One



Required if living in the U.S.

Country

Select One



Zip or Postal Code

#####

Father's Information

Is he living? *

☐ Yes ☒ No

Father's First Name

Father's Last Name

Work Phone	<input type="text"/> (###) ###-####
Home Phone	<input type="text"/> (###) ###-####
International Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Occupation	<input type="text"/>
Is your father a graduate of one of the federal service academies? *	Select One ▼
Did your father graduate from college? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
College(s) attended (if any)	<input type="text"/>
Highest Education Level	Select One ▼
Was or is your father a member of the armed forces? *	Select One ▼
Highest Rank Held	Select One ▼

Father's Address

Does your father have a different mailing address than you?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	Select One ▼ Required if living in the U.S.
Country	Select One ▼
Zip or Postal Code	<input type="text"/> #####

Other Information

Parents' Marital Status	Select One ▼
If you answered other, please explain	<input type="text"/>
If not with both parents, with whom do you reside?	<input type="text"/>
Do you have siblings?	<input type="radio"/> Yes <input type="radio"/> No

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Recommendations**Check Your Application****Educational Information**

* Indicates a required field

Current High School

Type of School *

Select One ▼

If you are a home school student, and you cannot locate your program using the "Look up" system, please enter 777771 for the CEEB code.

CEEB Code *

[Look up](#)

School Name *

School Address *

City *

State

Country

Zip or Postal Code *

#####

Telephone Number*

(###) ###-####

Attended From *

mm/yyyy

Graduation Date *

mm/yyyy

Have you attended another high school? *

☐ Yes ☒ No**Previous High School**

Type of School

Select One ▼

If you are a home school student, and you cannot locate your program using the "Look up" system, please enter 777771 for the CEEB code.

CEEB Code

[Look up](#)

School Name

School Address

City

State

Country

Zip or Postal Code

#####

Telephone Number

(###) ###-####

Attended From

mm/yyyy

Attended To

mm/yyyy

Colleges and Universities

College Code	<input type="text"/>	<input type="button" value="Look up"/>
College/University Name	<input type="text"/>	
City	<input type="text"/>	
State	<input type="text"/>	
Zip or Postal Code	<input type="text"/>	
	#####	
Attended From	<input type="text"/>	
	mm/yyyy	
Attended To	<input type="text"/>	
	mm/yyyy	

Anticipated Senior Courses

Please list the courses you are planning to take during your senior year in high school or at college. You may enter up to eight courses.

Course Name 1	<input type="text"/>
Course Name 2	<input type="text"/>
Course Name 3	<input type="text"/>
Course Name 4	<input type="text"/>
Course Name 5	<input type="text"/>
Course Name 6	<input type="text"/>
Course Name 7	<input type="text"/>
Course Name 8	<input type="text"/>

Academic Information

What is your intended major? *	<input type="text" value="Select One"/>
Are you a member of the National Honor Society? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Briefly list any academic honors you received while in high school or college.

Characters left in your response 300

Have you taken either the SAT or ACT exam? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
--	---

Will you or did you receive any special accommodations - such as extended or unlimited time - when taking the SAT Reasoning or ACT exam? *

☐ Yes ☒ No

If yes, please briefly explain.

Characters left in your response 300

Standardized Test Scores

SAT Critical Reading
Score

SAT Math Score

SAT Writing Score

ACT English Score

ACT Math Score

ACT Writing Score

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* Indicates a required field

Activity 1

Please list the three most meaningful extracurricular activities that you have participated in.

Activity*

Select One

If other, please list activity.

Grade Level Participated*

☐ 9☐ 10☐ 11

Varsity Letter

☐ 9☐ 10☐ 11

Team Captain

☐ 9☐ 10☐ 11

Leadership Position

☐ 9☐ 10☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy*

☐ Yes ☒ No

Coach/Advisor Name*

Coach/Advisor Telephone Number*

(###) ###-####

Activity 2

Activity

Select One

If other, please list activity.

Grade Level Participated

☐ 9☐ 10☐ 11

Varsity Letter

☐ 9☐ 10☐ 11

Team Captain

☐ 9☐ 10

☐ 11

Leadership Position

☐ 9☐ 10☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy

☐ Yes ☐ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 3

Activity

If other, please list activity.

Grade Level Participated

☐ 9☐ 10☐ 11

Varsity Letter

☐ 9☐ 10☐ 11

Team Captain

☐ 9☐ 10☐ 11

Leadership Position

☐ 9☐ 10☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy

☐ Yes ☐ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 4

Please list up to three additional extracurricular activities you'd like us to know about.

Activity

If other, please list activity.

Grade Level Participated

☐ 9☐ 10☐ 11

Varsity Letter ☐ 9
☐ 10
☐ 11

Team Captain ☐ 9
☐ 10
☐ 11

Leadership Position ☐ 9
☐ 10
☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy ☐ Yes ☐ No

Coach/Advisor Name

Coach/Advisor Telephone Number
(###) ###-####

Activity 5

Activity

If other, please list activity.

Grade Level Participated ☐ 9
☐ 10
☐ 11

Varsity Letter ☐ 9
☐ 10
☐ 11

Team Captain ☐ 9
☐ 10
☐ 11

Leadership Position ☐ 9
☐ 10
☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy ☐ Yes ☐ No

Coach/Advisor Name

Coach/Advisor Telephone Number
(###) ###-####

Activity 6

Activity

If other, please list activity.

Grade Level Participated

- ☐ 9
☐ 10
☐ 11

Varsity Letter

- ☐ 9
☐ 10
☐ 11

Team Captain

- ☐ 9
☐ 10
☐ 11

Leadership Position

- ☐ 9
☐ 10
☐ 11

Achievements

If offered, I plan to participate in this activity at the Academy

☐ Yes ☐ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Work Experience

List up to two jobs you have held during the past three years.

Specific nature of work

Employer

Employed From

mm/yyyy

Employed To

mm/yyyy

Approximate number of hours worked per week

Employer Telephone Number

(###) ###-####

Work Experience 2

Specific nature of work

Employer

Employed From

mm/yyyy

Employed To

mm/yyyy

Approximate number of hours worked per week

Employer Telephone Number

(###) ###-####

save

save & continue

reset

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* Indicates a required field

Preferred AIM Sessions

If you are only available for one session, please list it as both your first and second choice.

First Choice *

Select One

Second Choice*

Select One

Not Available

July 1-7 2012
July 8-14 2012
July 15-21 2012

Select all that apply

Medical Information

Are you currently taking medication for ADHD/ADD, asthma, or diabetes? *

☐ Yes ☐ No

Is your vision in either eye not correctable to 20/20 or are you colorblind? *

☐ Yes ☐ No

Do you have any allergies that have resulted in respiratory problems or have you ever passed out or had severe chest pain from exercising? *

☐ Yes ☐ No

Have you had knee or shoulder surgery since July 2011? *

☐ Yes ☐ No

If you answered yes to any of these questions, please briefly explain.

Characters left in your response 500

USCGA Information

How did you first learn about the Coast Guard Academy? *

Select One

Detailed Source *

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☐ Recommendations

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We require your guidance counselor, or an appropriate school official, to submit an official high school transcript along with a letter of recommendation. In addition, you may request up to two optional letters of recommendation from any source.

Individuals submitting letters of recommendation for your AIM application must submit them electronically through the online system to ensure they are added to your record.

Recommendation Provider List

A recommendation provider is an individual who will complete and submit a recommendation form on your behalf.

How the online recommendation process works:

- Click the "Recommendation Provider List" button above.
- Insert the name and contact information of each recommendation provider.
- Once the recommendation provider information is saved, an email will be sent to the online recommendation provider with an access code and instructions on how to proceed with the online recommendation.
- When the recommendation provider submits the form to our office it will become a part of your application.
- You can view the status of your online recommendations each time you log into your application account.

Additional Information

- ☐ Your Recommendations will automatically be matched to your application upon submission.
- ☐ The access code is valid for 180 days from the date you input and save their information.
- ☐ To complete the Recommendation online, a Recommendation provider must have a valid email address.
- ☐ If you would like to send a reminder, check the box next to his/her name and click on the "resend" button. This will automatically generate a reminder email.

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We require your guidance counselor, or an appropriate school official, to submit an official high school transcript along with a letter of recommendation. In addition, you may request up to two optional letters of recommendation from any source.

The individual submitting your official high school transcript must submit it electronically through the online system to ensure it is added to your record. **Your application will not be considered complete, and therefore will not be reviewed, until your high school transcript is received via the online system.**

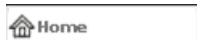
Recommendation Provider**Recommendations****Check Your Application****Recommendation Provider****Status**

No Recommendation Providers have been entered yet. Click the button below to identify one of your Recommendation Providers.



Please note that notification emails will indicate "United States Coast Guard Academy" as the sender but will come from support@hobsons.com. If they use a spam-blocking tool, please ask them to add this email address to their list of known/safe addresses.

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Recommendations

Check Your Application



Please Complete the Following

Recommender First Name:*
 Recommender Last Name:*
 Street Address (Line 1):
 Street Address (Line 2):
 City:
 State:
 Postal Code:
 Country:
 Phone:*
 (###) ###-#### for a U.S. number
 Email Address:*
 Title:
 Employer:
 Relationship to you:*
 Application cannot be submitted until a recommendation provider has been added with Role of English Instructor, Guidance Counselor, Math Instructor, and PFE Administrator

We require all applicants submit an official high school transcript. Will this recommender be providing one along with their letter of recommendation?*

- ☐ Yes
☐ No

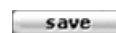
Do you wish to waive your right to examine this letter of recommendation?*

- ☐ Yes
☐ No

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

* indicates a required field

If you would like to include a personal note in the notification email that is delivered, please use the space below:



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