



U.S. Department of Transportation

Maritime Administration

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 Administrative Services, 1200 New Jersey Avenue, SE, Room W28-302, Washington, DC 20590.

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

OMB No. 2133-0010
Expiration: 10/31/2018

CANDIDATE APPLICATION - PART 1

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))
STATE OF RESIDENCE

SOCIAL SECURITY NO.
DATE OF BIRTH
SEX
RACE (Select one or more)
TELEPHONE NUMBER
ETHNICITY

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)
CITIZENSHIP
PLACE OF BIRTH

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

ACADEMIC MAJOR
Please supply the following information:
Have you ever applied to the USMMA in past years?

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

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	
1	1	1	1
2	2	2	2
3	3	3	3
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	

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.

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"/>
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"/>
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"/>
Boy/Girl Scouts/Explorers/Campfire	<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"/>
Cheerleading	<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"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

CAND. CUM. GPA		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
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
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

YEAR OF H.S. GRADUATION			
0	0	0	0
1	1	1	1
2	2	2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9

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  
*(includes moving violations (speeding, DUI) but excludes parking violations.)*

*\*If you answered "yes", explain on a separated sheet of paper and attach it to this part when submitting it to the Academy*

**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

**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.

1. Authority which authorized the solicitation of the information: 46 App. USC 1295b and 1295g.
2. 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.
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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CANDIDATE APPLICATION – PART 2

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

SOCIAL SECURITY NO. grid with numbers 0-9

NOMINATION SOURCE(S): Indicate Name of U.S. Senator and/or Representative you:
Applied to
Were Nominated by

Who was your Initial Source of Information about the U.S. Merchant Marine Academy?
Academy Admissions Office
Academy Faculty
HS Coach
Relative
Academy Field Rep. or Alumni/ae
Congressional Office
HS Counselor
Other (Identify):
Academy Athletic Coach
Friend
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:

- USAFA USMA California Maritime Maine Maritime New York (SUNY) Maritime
USCGA USNA Great Lakes Maritime Massachusetts Maritime Texas (A&M) Maritime

IDENTIFY ONLY THOSE ACTIVITIES IN WHICH YOU PARTICIPATED FROM GRADE 9 TO PRESENT.
(YOU MAY CHOOSE TO ATTACH A DETAILED ACTIVITY/SPORTS RESUME IN PLACE OF FILLING OUT THIS SECTION)

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

Table with 4 columns: Activity, Special Achievement or Awards, Offices Held, Years

SCHOOL ATHLETIC ACTIVITIES:

Table with 5 columns: 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 words. You must 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. You must also state your understanding and willingness to accept the service obligation upon graduation (U.S. candidates only).

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/Other Relative (List Name) \_\_\_\_\_

Yes  No School Counselor/Principal/Other School Official (List Name) \_\_\_\_\_

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

### APPLICATION DEADLINE IS MARCH 1

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CANDIDATE APPLICATION – PART 3

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

STATE OF RESIDENCE

SOCIAL SECURITY NO.

Grid for Social Security Number with digits 0-9 and arrows for digit placement.

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.

- 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.
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

School Address

Applicant's Cumulative GPA

Year of Graduation

RANK IN CLASS: (If not available, approximate to nearest tenth from top)

Exactly 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

**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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**REMARKS:** Please provide a letter of recommendation containing your professional assessment regarding this applicant's ability to perform at a service academy and attach it to this part of the application. You are assured of confidentiality regarding your comments. At least two (2) additional assessments from other administrators, faculty and/or coaches, who are familiar with the applicant, are required. Thank you for your assistance.

NAME AND TITLE OF EVALUATOR <i>(Please Print or Type)</i>	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)
  At Least Three (3) Letters of Recommendation

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**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**