



UNITED STATES MERCHANT MARINE ACADEMY

Kings Point, NY

Disclosures

PAPERWORK REDUCTION ACT NOTICE

OMB NO: 2133-0010 Expiration: XX/XX/XXX

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PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 552a, as amended, the following information is provided when supplying personal information to MARAD:

AUTHORITY: 46 U.S. Code 51302 - Nomination and competitive appointment of cadets; 46 U.S. Code 51303 - Non-competitive appointments; 46 U.S. Code 51306 - Cadet commitment agreements.

PURPOSE: The information is used to evaluate each applicant for an appointment to the U.S. Merchant Marine Academy.

ROUTINE USES: Information will be used by the United States Merchant Marine Academy as applicant background information to determine eligibility for appointment during the selection process, and to contact the applicant. The social security number is a basic identifier. Information may be shared within the Department of Transportation and Department of Defense in conjunction with functions required for admission to the Academy.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in a delay or inability to process the application to the Academy.

Applicant Information

Application Information

Name: [REDACTED] Application Number: [REDACTED] Application Status: [REDACTED]
Empl ID: [REDACTED] Admit Type: Traditional Entry Year: 2025

Personal Information

First Name: [REDACTED] Middle Name: [REDACTED]
Last Name: [REDACTED] Suffix: [REDACTED]
Date of Birth: [REDACTED] Sex: [REDACTED]
Are you a US Citizen? Yes No Social Security Number: [REDACTED]

Contact Information

Email Information

Type: Home Email Address: [REDACTED] Preferred:

Phone

Type: Mobile Country Code: [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Preferred:

Home Address

Enter your Permanent Home Address as associated with your congressional district

Country USA United States
Address [REDACTED]

Edit Address

Mailing Address

My Mailing Address is different from my home address

Country

Address

Edit Address

Congressional District

Find Your Congressional District

Please select the congressional district associated with your home address

Congressional District

Educational Background

Click Here to Select High School

*High School:

Graduation Year

Postsecondary Education

School

CEEB Code

City

State

Country

Academic Program of Interest

Please choose the Academic Program in which you are tentatively interested. You will not have to commit to an Academic Program until after enrollment.

Academic Interest

Applicant Type

- 1) Have you already graduated from high school? Yes No
- 2) Are you a high school graduate who will have attended college courses after high school and prior to enrollment at USMMA? Yes No
- 3) Are you currently attending a prep school and sponsored by USMMA? Yes No
- 4) Are you currently enrolled in a home school program/curriculum? Yes No
- 5) Have you previously applied to or attended USMMA? Yes No

Demographic Information

Are you Hispanic or Latino?

- Yes
- No

Select one or more races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

*Birth Country

*Are both of your parents foreign born?

- Yes
- No

If either parent was foreign born, select the country from which they emigrated?

*Did one or both of your parents graduate from college earning a bachelor's degree?

- Yes
- No

*Are you currently receiving federal funding or financial assistance for a demonstrated hardship?

- Yes
- No

*Primary language spoke at home?

List any additional languages in which you are proficient:

Language

Parent/Guardian Information

*Relationship

*First Name

Middle Name

*Last Name

Suffix

*Country

*Address Line 1

Address Line 2

*City

*State

*Postal Code

*Telephone

*Email Address

*May we share information about your candidacy with the Parent(s) /Guardian(s) listed above? Yes No

Instructions

Please complete this section thoroughly, as it is the Office of Admission's primary means of evaluating your involvement outside of the classroom. Be sure to provide as many details as space permits and remember to include any maritime-related and/or military-related skills and experience. An optional resume may be uploaded below to supplement, but not to replace, this section.

Athletic Participation

Sport <input type="text" value=""/>	Years Participated: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
	Years Varsity Letter: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School		
	Years Captain: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School		

If you participated in a sport not listed in the drop down above, please enter it here:

Sport <input type="text" value=""/>	Years Participated: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
	Years Varsity Letter: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School		
	Years Captain: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School		

Other Extracurricular Activities

Organization <input type="text" value=""/>	Position/Role <input type="text" value=""/>	Years Participated <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
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If you participated in an Organization not listed in the drop down above, please enter it here:

Organization <input type="text" value=""/>	Position/Role <input type="text" value=""/>	Years Participated <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Post High School	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
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Awards and Recognition

Award

Received: 09 10 11 12 Post High School

Add

Delete

Community Service/Volunteer Work

Organization/Description

Position/Role

Years Participated

09 10 11 12 Post High School

Hours per Year

Add

Delete

Employment

Organization/Description

Position/Role

Years Participated

09 10 11 12 Post High School

Weeks per Year

Add

Delete

Essays

Applicants must provide a response to the required essay question and may also answer the optional question. Please follow the instructions carefully and respond to the question in its entirety. Applicants whose essays do not meet the length requirements may not be considered for an appointment.

All files for upload must be in .doc, .docx, .PDF, .jpg, or .png format. Uploads in .pages format will not be accepted. Please ensure file names do not include spaces or special characters.

Required Essay

In a minimum of 500 words, describe your reason(s) for wishing to attend USMMA, your curriculum preference, and your career interests. You should include information about relevant coursework, hobbies and activities, maritime-related experience, and/or military-related experience. You must also acknowledge the service obligation required for accepting an appointment to USMMA.

Upload Essay

Essay - Required ▾

Add Attachment

View Attachment

Delete Attachment

Optional Essay

In 500 words or less, describe a personal experience in which you have overcome adversity.

Upload Optional Essay

Essay - Optional ▾

Add Attachment

View Attachment

Delete Attachment

Supporting Documentation

If you would like to submit a resume or additional information regarding your activities, please attach here:

All files for upload must be in .doc, .docx, .PDF, .jpg, or .png format. Uploads in .pages format will not be accepted. Please ensure file names do not include spaces or special characters.

Upload documents

▾

Add Attachment

View Attachment

Delete Attachment

Add

Delete

Postgraduate Plans

What is your post-graduation career aspiration (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Maritime Industry | <input type="checkbox"/> US Marine Corps |
| <input type="checkbox"/> US Army | <input type="checkbox"/> US Navy |
| <input type="checkbox"/> US Coast Guard | <input type="checkbox"/> US Space Force |
| <input type="checkbox"/> US Air Force | |

USMMA Questionnaire

To which of the following institutions are you applying for admission (select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> US Air Force Academy | <input type="checkbox"/> Great Lakes Maritime Academy |
| <input type="checkbox"/> US Coast Guard Academy | <input type="checkbox"/> Maine Maritime Academy |
| <input type="checkbox"/> US Military Academy | <input type="checkbox"/> Massachusetts Maritime Academy |
| <input type="checkbox"/> US Naval Academy | <input type="checkbox"/> SUNY Maritime College |
| <input type="checkbox"/> California Maritime Academy | <input type="checkbox"/> Texas A&M Maritime Academy |

How did you first learn about USMMA?

Have you visited or do you have a visit to USMMA planned?

Yes No

Are you interested in scheduling a visit?

Yes No

Are you currently serving on active duty in the U.S. Armed Forces?

Yes No

Standardized Test Scores

Please send official scores from ACT or SAT to USMMA.

SAT High Score		Test Date	
Composite	<input type="text"/>	<input type="text"/>	<input type="text"/>
EBRW	<input type="text"/>	<input type="text"/>	<input type="text"/>
Math	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACT High Score		Test Date	
Composite	<input type="text"/>	<input type="text"/>	<input type="text"/>
English	<input type="text"/>	<input type="text"/>	<input type="text"/>
Math	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>

Future Exam Dates

SAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorization to Share Information

May we share information about your candidacy with:

*USMMA Regional Field Representatives

Yes No

May we share your contact information with:

*USMMA National and Regional Parents Associations (NPA)

Yes No

*USMMA Alumni Association and Foundation (USMMA AAF)

Yes No

Supplemental Questions

*Have you ever been arrested, indicted, or convicted of any violation of civil or military law?

Yes No

*Have you ever been rejected for any branch of the armed forces, a federal service academy, or ROTC?

Yes No

Please provide additional details

Acknowledgements

I understand 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 in 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.

I agree

Evaluator Type: EVE Teacher Evaluator - English

Seq Number: 2

School Information

<input type="text" value="School Search"/>	School Name	External Org ID
<input type="checkbox"/> Check here if you cannot locate your school in the search		CEEB Code
School Name	<input type="text"/>	
High School Address	<input type="text"/>	High School City <input type="text"/>
High School State	<input type="text"/>	Zip/Postal Code <input type="text"/>
School Telephone	<input type="text"/>	

Please select the rating that best describes the applicant in relation to their peers.

Ratings

Demonstrates motivation	<input type="text"/>	▼
Demonstrates initiative	<input type="text"/>	▼
Demonstrates personal integrity	<input type="text"/>	▼
Demonstrates emotional stability	<input type="text"/>	▼
Influences others in a positive manner	<input type="text"/>	▼
Shows interest and concern for the welfare of others	<input type="text"/>	▼
Works effectively with others toward group goals	<input type="text"/>	▼
Communicates effectively	<input type="text"/>	▼
Adjusts to demanding schedule of activities without neglecting school work	<input type="text"/>	▼
Sets high standards for own performance in a number of activities	<input type="text"/>	▼
Accepts responsibility for own actions	<input type="text"/>	▼
Seeks academic challenges beyond that required by normal coursework	<input type="text"/>	▼

In the space below, please provide your professional assessment of this applicant's ability to perform successfully at a federal service academy. In particular, please offer insights on the applicant's character and integrity, as well as their aptitude to serve as a leader of exemplary character inspired to serve the national security, marine transportation, and economic needs of the United States as a licensed Merchant Marine Officer and commissioned officer in the U.S. Armed Forces.

Teacher Name	<input type="text"/>
Job Title	<input type="text"/>
Email ID	<input type="text"/>
Telephone	<input type="text"/>



Candidate Fitness Assessment

Counselor Evaluation | Teacher Evaluations | **Candidate Fitness Assessment**

Please refer to the [instructions](#) for completion of the Candidate Fitness Assessment for the United States Merchant Marine Academy. The scoring sheet found [here](#) can be used for recording purposes while conducting the exam.

Applicant Information

Applicant Name: Zachary Smith DOB: 09/10/2006 Applicant ID: 102056 Appl Status: Submitted Empl ID: 1061737

Candidate Fitness Assessment

Find | View All First ◀ 1 of 1 ▶ Last

Evaluator Type	Sequence Number	CFA Status:
Fitness Assessment		
Exam Date:	<input type="text"/>	<input type="text"/>
Height (inches):	<input type="text"/>	Weight (pounds): <input type="text"/>
	Basketball Throw (feet): <input type="text"/>	
	Pull-ups (repetitions): <input type="text"/>	(Men or Women)
	OR	
	Flexed Arm Hang (tenths of seconds): <input type="text"/>	(Women Only)
	40-yard Shuttle Run (tenths of seconds): <input type="text"/>	
	Crunches (repetitions): <input type="text"/>	
	Push-ups (repetitions): <input type="text"/>	
	Mile Run Minutes: <input type="text"/>	Seconds: <input type="text"/>
*Name	<input type="text"/>	
*Job Title	<input type="text"/>	
*Email Address	<input type="text"/>	
*Phone	<input type="text"/>	

|

[Counselor Evaluation](#) | [Teacher Evaluations](#) | [Candidate Fitness Assessment](#)



Counselor Evaluation

Counselor Evaluation | Teacher Evaluations | Candidate Fitness Assessment

Application Information

Name: Scarlett Williams Application Number: 103583 Application Status: Submitted
Empl ID: 1063784 Admit Type: Traditional Entry Year: 2025

Academic Information

Find | View All First 1 of 1 Last

Evaluator Type EVA Academic Evaluator – High School Sequence Number 1

School Information

High School Search High School Name High School Telephone Number

If you cannot locate your school

School Name CEEB Code
 School Address Street
 City State Zip/Postal Code
 School Type

Academic Information

*Anticipated Entry Year Graduating Class Size
 Percent of graduates attend 4 yr colleges? What percent of graduates attend 2yr colleges?
 GPA GPA Scale

*How does your school report class rank? [Please select one option below.]

Exact Rank out of
 Estimated rank: If the exact rank is not available, please approximate the rank below:
 Estimated Rank

Please select all offerings that pertain to your school:

AP IB Honors Dual Enrollment

In comparison with other college preparatory students at your school, the applicant's course selection is:

Less than demanding Average Demanding Very demanding Most demanding Prefer not to respond

Other information that may be significant in considering this candidate

Upload Documents

Personalize | Find | First 1 of 1 Last

Select Document Type	Add Attachment	View Attachment		
1	Add Attachment	View Attachment		

*Name
 *Job Title
 *Email Address
 *Telephone

Save Return to Search

Counselor Evaluation | Teacher Evaluations | Candidate Fitness Assessment