**The Office of Congressman Tom Kean, Jr.**

# Counselor Forms for Academy Nomination

The following request for information is for a student applying for a Service Academy Nomination through Congressman Tom Kean, Jr.

Please complete, scan and email the second page of this form, along with an official copy of the applicant’s transcripts through his/her junior year, and your letter of recommendation to NJ07Academy@mail.house.gov. Please put the name of the applicant in the subject line of the email.

**Scholastic information must be submitted to Congressman Kean’s office by 5 pm on Friday, October 17, 2025.**

If you have any questions regarding the application process, please contact Renee Trabert at Congressman Kean’s Lebanon District Office at renee.trabert@mail.house.gov or at 908-547-3307.

Thank you for your assistance.

**The Office of Congressman Tom Kean, Jr.**

 **Scholastic Information for Academy Nomination**

Applicant Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name & MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal NJ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code + 4: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code + 4: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

 Applicant’s year in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_on a \_\_\_\_\_\_\_\_\_\_\_\_ scale.

Class Rank: \_\_\_\_\_\_\_\_\_out of \_\_\_\_\_\_\_\_\_\_\_ Check here if ranking is an estimate \_\_\_\_\_

SAT Test Date: \_\_\_\_\_\_\_\_\_\_\_\_ M: \_\_\_\_\_\_ R: \_\_\_\_\_\_ W: \_\_\_\_\_\_

ACT Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_E: \_\_\_\_\_\_ M: \_\_\_\_\_\_ R: \_\_\_\_\_\_ S: \_\_\_\_\_\_

Please list any special or noteworthy school activity, award, or accomplishment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This completed sheet, official transcripts & a typed, signed counselor recommendation letter must be returned by 5 pm, October 17, 2025, to NJ07Academy@mail.house.gov.**