



SENATOR ALAN ARMSTRONG

U.S. SENATE

Service Academy Nomination Application Packet Checklist:

- Completed Application
- Two Letters of Recommendation
- Service Academy Academic Recommendation Form
- 1 Page Personal Statement Outlining Interest in Entering a Service Academy
- 3 x 5 Photo
- Official Copy of High School Transcript
- Official Copy of ACT or SAT Score

2026 Service Academy Nominations Deadline:

Thursday, October 9th, 2026

Please Mail All Application Materials to:

Senator Alan Armstrong
Attn: Angela Wyatt
621 N. Robinson, Suite 401
Oklahoma City, OK 73102
Contact Number: 405-246-0025

**COMPLETED APPLICATION PACKETS MUST BE POSTMARKED BY
OCTOBER 9TH, 2026. NO EXCEPTIONS.**



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Service Academy Nomination Application

I. General

Full Name: _____ **SSN:** _____
Last First Middle Suffix

Home Address: _____
Number and Street City, State Zip Code

Mailing Address (if different): _____
Number and Street City, State Zip Code

Home Phone: _____ **Cell Phone:** _____

Place of Birth: _____ **Date of Birth:** _____

Email Address: _____

Academy Preferences (If interested in more than one academy, please rank in order of priority) NOTE: you must initiate an application with the selected Service Academies.

1. _____ 2. _____

3. _____ 4. _____

II. Family

Father's Legal Name: _____ **Phone Number:** _____

Mother's Legal Name: _____ **Phone Number:** _____

Legal Guardian, if other than parent: _____



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III. Academic Information

Name of High School: _____ Graduation Year: _____

School Address: _____

School Counselor: _____ Counselor's Phone Number: _____

GPA: _____

If you have taken or are taking Honors/AP classes, or courses at a college or university, please list them below:

IV. Activities and Awards

Description of activity, accomplishments, offices held, awards, etc.		
Activity		Year(s)



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V. Nomination

If also seeking a nomination through another office, please list below:

VI. Signature

I certify that I am a legal resident of Oklahoma and that all information provided is accurate. I understand that the deadline for application is on or before October 9, 2026.

Signature

Date



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Service Academy Recommendation Form

FORM MUST BE COMPLETED BY A SCHOOL COUNSELOR OR TEACHER

Note: This recommendation form is completely confidential. Please place completed form in an envelope and seal.

Name of Applicant: _____ Year in School: _____

Please rate applicant's abilities:	Excellent	Good	Fair	Poor
Leadership Characteristics				
Personality Traits				
Ability to get along with and work well with others				
Ability to work under pressure				
Ability to take criticism				
Attendance, punctuality and dependability				
Overall assessment of candidate				

Additional Academic Criteria (mark all that apply):

Honors Classes _____ AP Classes _____ Other _____

Additional Comments: _____

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Title: _____ School: _____