

I. APPLICANT INFORMATION

LAST NAME: _____

FIRST NAME: _____ M.I. _____

LAST 4 DIGITS OF SSN: _____ GENDER: _____

DATE OF BIRTH: _____

CURRENT LEGAL ADDRESS:

(STREET NUMBER AND NAME)

(CITY) (STATE) (ZIP CODE)

MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS)

(STREET NUMBER AND NAME)

(CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: (____) _____ - _____ CELL PHONE NUMBER: (____) _____ - _____

E-MAIL ADDRESS:

FATHER'S NAME:

PHONE NUMBER: (____) _____ - _____

MOTHER'S NAME:

PHONE NUMBER: (____) _____ - _____

LEGAL GUARDIAN (IF APPLICABLE):

PHONE NUMBER: (____) _____ - _____

ARE YOU A RESIDENT OF THE 16TH CONGRESSIONAL DISTRICT OF TEXAS? ☐ YES ☐ NO

ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO

IF YOU ANSWERED "NO," WILL YOU BE A UNITED STATES CITIZEN AT THE TIME OF YOUR ENROLLMENT? ☐ YES ☐ NO

ETHNICITY (OPTIONAL ONLY FOR STATISTICAL PURPOSES):

- ☐ WHITE (NON-HISPANIC)
- ☐ AMERICAN INDIAN OR ALASKA NATIVE
- ☐ ASIAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ☐ BLACK OR AFRICAN AMERICAN (NON-HISPANIC)
- ☐ TWO OR MORE ETHNICITIES
- ☐ HISPANIC OR LATINO
- ☐ OTHER

II. ACADEMY PREFERENCE

PLEASE RANK EACH OF THE ACADEMIES OF YOUR CHOICE IN ORDER OF PREFERENCE FOR ATTENDANCE, WITH 1 BEING YOUR FIRST

CHOICE AND 4 BEING YOUR LAST. **RANK ONLY THE ACADEMIES TO WHICH YOU ARE APPLYING.** YOU MAY LEAVE ONE OR MORE

OF THE ACADEMIES BLANK.

USFA _____ USMA (WEST POINT) _____ USNA _____ USMMA _____

ARE YOU SEEKING A NOMINATION FROM ANY OTHER SOURCE: ☐ YES ☐ NO

VICE PRESIDENT _____ SEN. CRUZ _____ SEN. CORNYN _____ OTHER _____

HAVE YOU BEEN CONTACTED DIRECTLY BY AN ACADEMY? ☐ YES ☐ NO

IF YOU ANSWERED "YES," WHICH ACADEMY? _____ NAME OF CONTACT PERSON:

HAVE YOU EVER SERVED IN THE MILITARY IN ANY CAPACITY? ☐ YES ☐ NO

IF YOU ANSWERED "YES," WHAT IS THE HIGHEST RANK YOU HELD?

HAS EITHER PARENT SERVED IN THE MILITARY? ☐ YES ☐ NO

IF YOU ANSWERED "YES," STATE BRANCH OF SERVICE AND RANK:

HAVE YOU ATTENDED AN ACADEMY SUMMER SEMINAR? ☐ YES ☐ NO

IF YOU ANSWERED "YES," WHICH ACADEMY LEADERSHIP SEMINAR(S) DID YOU ATTEND? _____

ARE YOU CURRENTLY PARTICIPATING IN ANY OF THE FOLLOWING?

JROTC _____ BOY SCOUTS/EAGLE SCOUTS/GOLD AWARD _____ MISSION FIELD _____

CIVIL AIR PATROL _____ NATIONAL HONOR SOCIETY _____ ACADEMY PREPARATORY SCHOOL _____

ALTERNATE PLANS: IF YOU DO NOT RECEIVE AN APPOINTMENT TO AN ACADEMY, WHAT ARE YOUR ALTERNATE PLANS?

EACH YEAR, MY OFFICE RECEIVES MORE APPLICANTS TO THE U.S. SERVICE ACADEMIES THAN THE NUMBER OF NOMINATIONS WE ARE ABLE TO MAKE TO THOSE ACADEMIES. TO HELP STUDENTS CONSIDER ALL OPTIONS AVAILABLE TO THEM, WE WOULD ALSO LIKE TO SHARE INFORMATION OF CANDIDATES THAT DO NOT RECEIVE A NOMINATION WITH TEXAS UNIVERSITIES THAT ARE FEDERALLY DESIGNATED AS A SENIOR MILITARY COLLEGE.

DO YOU ALLOW YOUR CONTACT INFORMATION TO BE SHARED WITH SCHOOLS IN TEXAS FEDERALLY DESIGNATED AS A SENIOR MILITARY COLLEGE?

☐ YES ☐ NO

(YOUR SELECTION WILL HAVE NO EFFECT ON THE NOMINATION PROCESS. BY SELECTING YES, YOU ALLOW YOUR CONTACT INFORMATION TO BE PROVIDED TO A FEDERALLY DESIGNATED MILITARY COLLEGE RECRUITER WHO MAY CONTACT YOU.)

III. ACADEMIC QUALIFICATIONS

HIGH SCHOOL:

(SCHOOL ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

(____)_____-_____
(SCHOOL PHONE NUMBER)

EXPECTED DATE OF GRADUATION: ____/____/____

HIGH SCHOOL GPA: _____

PLEASE HAVE YOUR COUNSELOR CONVERT THIS TO THE 4.0 SCALE

HIGH SCHOOL CLASS RANK _____ OUT OF _____ CLASS SIZE

SAT SCORES: READING _____ MATH _____ WRITING _____ COMPOSITE _____

ACT SCORES: ENGLISH _____ MATH _____ READING _____ SCIENCE _____ COMPOSITE _____

ARE YOU SCHEDULED TO RE-TAKE ANY OF YOUR TESTS? ☐ YES ☐ NO

IF YOU ANSWERED "YES," WHEN: _____

IV: MEDICAL INFORMATION

HAVE YOU TAKEN OR BEEN SCHEDULED TO TAKE YOUR ACADEMY MEDICAL EXAM? ☐ YES ☐ NO

IF YES, WHEN? _____

HAVE YOU TAKEN OR BEEN SCHEDULED TO TAKE YOUR PHYSICAL APTITUDE EXAM? ☐ YES ☐ NO

IF YES, WHEN? _____

DO YOU HAVE OR HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

CORRECTIVE EYEWEAR _____

ASTHMA, HAY FEVER, OR ALLERGIES _____

SURGERY OF BROKEN BONES IN THE LAST TEN YEARS _____

V: PRIVACY STATEMENT

I HAVE READ THE PRIVACY ACT STATEMENT. THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ADDITION TO THIS APPLICATION, I AM ALSO REQUIRED TO SUBMIT ALL OF THE ITEMS ON THE APPLICATION CHECK-LIST. I FURTHER UNDERSTAND THAT REPRESENTATIVE ESCOBAR'S DISTRICT OFFICE MUST BE IN RECEIPT OF ALL APPLICATION MATERIALS **NO LATER THAN THE DEADLINE LISTED ON THE CONGRESSWOMAN'S WEBSITE**

SIGNATURE: _____

DATE: _____