

**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.

USAFA \_\_\_\_ 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 5:00 PM MT ON DECEMBER 6, 2024.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_