

**SERVICE ACADEMY NOMINATION APPLICATION FOR PA 07
U.S. REPRESENTATIVE JOE SESTAK**

Academy Choice: If you wish to be considered by more than one academy selection committee, please rank the academies in your order of preference and be prepared to interview with each academy's selection committee. If you are only applying to one academy, please indicate that choice. Please note that at the end of the process you will only be nominated for one academy.

Air Force Academy Military Academy
 Naval Academy Merchant Marine Academy

Personal information:

Full Name: _____
 First Middle Last

Social Security #: _____ Date of Birth: _____

Permanent Address: _____
 Street
 _____ City State Zip Code

Home Telephone: _____ E-mail address: _____

Temporary Address (if any): _____
 Temporary Phone (if any): _____

Place of Birth: _____ Height: _____ Weight: _____ Visual Acuity: _____

Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____

School information:

High School Name: _____ HS Phone: _____
 HS Address: _____
 Counselor: _____
 Yr. Of Graduation: _____ If any college attendance, where: _____ How many years: _____

Extra Curricular Activities (non-athletic): HIGH SCHOOL ONLY

<input type="checkbox"/> Boys State/Boys Nation	<input type="checkbox"/> Eagle Scout	<input type="checkbox"/> School Band/Chorus
<input type="checkbox"/> Girls State/Girls Nation	<input type="checkbox"/> Boy Scout	<input type="checkbox"/> Jr. ROTC Officer
<input type="checkbox"/> Pres. Of Student Govt.	<input type="checkbox"/> Girl Scout	<input type="checkbox"/> Jr. ROTC Officer
<input type="checkbox"/> Other Student Office	<input type="checkbox"/> Office, School Club	<input type="checkbox"/> Editor, School Publ.
<input type="checkbox"/> President of Class	<input type="checkbox"/> Key Club	<input type="checkbox"/> Yrbk./Newspaper Staff
<input type="checkbox"/> Other Class Office	<input type="checkbox"/> Lang./Science Club	<input type="checkbox"/> Community Award (Explain)
<input type="checkbox"/> Student Council	<input type="checkbox"/> Officer, Non-School Club	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> National Honor Society	<input type="checkbox"/> Church Club	<input type="checkbox"/> Other (Explain)

If employed, where: _____
 Hours per week: After school: _____ Summer: _____
 Explanations:

Athletic Participation: HIGH SCHOOL ONLY

SPORT	GRADE(S)	VARSITY	POSITION	LETTERS	CAPTAIN	AWARDS/HONORS

Results of standardized testing: SAT: CR _____ M: _____ W: _____ ACT: E: _____ M: _____
 I have **not** taken the required tests, but plan to take SAT/ACT on _____

ESSAY QUESTION: Please state why you want to attend one of the Service Academies.

Please submit your required essay on an additional sheet. Essay should be no longer than one typed sheet.

Other Nominations sought:

I am also seeking a nomination through _____
Senator(s)

Vice-President

I have also previously sought a nomination through (complete if applicable) _____

Feel free to attach additional sheets as needed to complete any of the above information.

Mail completed Application to:

U.S. Representative Joe Sestak

ATTN: Chip Ridewood

600 North Jackson Street

Suite 203

Media, PA 19063

If you have any questions please call 610.892.8623.

RETURN DEADLINE: OCTOBER 15, 2010

U.S. Representative Joe Sestak

Attn: Chip Ridewood
600 North Jackson Street
Suite 203
Media, PA 19063
Phone: 610.892.8623
Fax: 610.892.8628

THIS FORM MUST BE COMPLETED BY EITHER HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL GUIDANCE COUNSELOR FOR CANDIDATE FOR CONGRESSIONAL NOMINATION TO ONE OF THE U.S. SERVICE ACADEMIES.

NAME OF APPLICANT: _____

ADDRESS: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

TELEPHONE NO. OF SCHOOL: _____

APPLICANT'S YEAR IN SCHOOL: _____ CLASS RANK _____ GPA _____

SAT SCORE: Critical Reading: _____ Math: _____ Writing _____

ACT SCORE: _____

Leadership Characteristics: _____

Personality Traits: _____

Ability to Work Under Pressure: _____

Ability to Work With Others: _____

Applicant's School Activities: _____

GENERAL COMMENTS &/OR RECOMMENDATION: (COMMENTS ARE MOST HELPFUL)

DATE: _____ SIGNATURE: _____

PRINTED NAME OF PERSON COMPLETING FORM: _____

TITLE: _____

Feel free to attach additional sheets as necessary to complete all requested information.

PLEASE SEND THIS FORM AND APPLICANT'S SCHOOL TRANSCRIPT, THROUGH THE 11th GRADE, TO ADDRESS LISTED AT THE TOP OF THIS FORM. Please return all forms by October 15, 2010