

### **Congressman Dan Burton Indiana District 5**



## **Application for Nomination to a United States Service** Academy

(Please type or print clearly all information on this application)

# **Selection of Academy**

(Please place an "x" next to the academy/academies of your choice)					
United States Air Force AcademyUnited States Military AcademyUnited States Naval AcademyUnited States Merchant Marine Academy					
Full Name:					
(First) (Middle) (La	(Last)				
Address:					
Telephone Number () Email: Alternate Number () When is the best time for you to be reached?DayEvening					
Social Security Number:					
Mother's Name: Work Phone: Work Phone:					
Have you applied for a nomination by another source? Please check all that apply:					
Senators Lugar or Bayh Service related Vice President	Place photo here				

### Page Two

#### **Education:**

Name of School District and High							
School:City:	State:		Zip:				
School Telephone Number: ( Guidance Counselor: Grade Point Average: Anticipated Date of Graduation:	Class I	 Rank:					
SAT- Scores: Verbal ACT Scores: Verbal	Math	Date taken _					
Extracurricular Activities:							
			· · · · · · · · · · · · · · · · · · ·				
Community Activities:							
	· ·						

### Page Three

Yes No If yes, when? As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No  If no, have you had laser surgery of any type to correct your vision? Yes No  Have you ever been diagnosed with asthma, hay fever or allergies? Yes No  If yes, please explain: Have you ever had surgery or broken bones in the last ten years? Yes No  If yes, please explain: Yes No  If yes, are you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	Medical Information:
DODMERB)? Yes No If yes, when? Have you taken or been scheduled to take your Physical Aptitude Exam? Yes No If yes, when?	Have you taken or been scheduled to take your Academy medical exam (scheduled by
Have you taken or been scheduled to take your Physical Aptitude Exam?  Yes No _ If yes, when? As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No  If no, have you had laser surgery of any type to correct your vision?  Yes No  Have you ever been diagnosed with asthma, hay fever or allergies?  Yes No  If yes, please explain:  Have you ever had surgery or broken bones in the last ten years?  Yes No  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	
Have you taken or been scheduled to take your Physical Aptitude Exam?  Yes No _ If yes, when?  As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No No No Yes No No Yes No No Yes Yes No Yes Yes No Yes No Yes	, <u> </u>
Yes No If yes, when? As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No  If no, have you had laser surgery of any type to correct your vision? Yes No  Have you ever been diagnosed with asthma, hay fever or allergies? Yes No  If yes, please explain: Have you ever had surgery or broken bones in the last ten years? Yes No  If yes, please explain: Yes No  If yes, are you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	Have you taken or been scheduled to take your Physical Aptitude Exam?
As part of your application for admission to an Academy, you will be required to take a medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No  If no, have you had laser surgery of any type to correct your vision?  Yes No  Have you ever been diagnosed with asthma, hay fever or allergies?  Yes No  If yes, please explain:  Have you ever had surgery or broken bones in the last ten years?  Yes No  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	
medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No If no, have you had laser surgery of any type to correct your vision? Yes No Have you ever been diagnosed with asthma, hay fever or allergies? Yes No If yes, please explain: Have you ever had surgery or broken bones in the last ten years? Yes No If yes, please explain: Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	165 116 11 yes) Wildin
medical exam through DODMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No If no, have you had laser surgery of any type to correct your vision? Yes No Have you ever been diagnosed with asthma, hay fever or allergies? Yes No If yes, please explain: Have you ever had surgery or broken bones in the last ten years? Yes No If yes, please explain: Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	As part of your application for admission to an Academy, you will be required to take a
Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.  Do you wear corrective eyewear? Yes No If no, have you had laser surgery of any type to correct your vision? Yes No  Have you ever been diagnosed with asthma, hay fever or allergies? Yes No If yes, please explain: Yes No If yes, please explain: Yes No If yes, are you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
Do you wear corrective eyewear? Yes No If no, have you had laser surgery of any type to correct your vision? Yes No Have you ever been diagnosed with asthma, hay fever or allergies? Yes No If yes, please explain: Have you ever had surgery or broken bones in the last ten years? Yes No If yes, please explain: Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	· · · · · · · · · · · · · · · · · · ·
Do you wear corrective eyewear? Yes No  If no, have you had laser surgery of any type to correct your vision?  Yes No  Have you ever been diagnosed with asthma, hay fever or allergies?  Yes No  If yes, please explain:  Yes No  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	
If no, have you had laser surgery of any type to correct your vision? YesNo  Have you ever been diagnosed with asthma, hay fever or allergies? YesNo  If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? YesNo  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD?YesNo  If yes, are you currently taking medication or have you ever taken medication for this condition?YesNo  If yes, please	require you to obtain a waiver for autilission.
If no, have you had laser surgery of any type to correct your vision? YesNo  Have you ever been diagnosed with asthma, hay fever or allergies? YesNo  If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? YesNo  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD?YesNo  If yes, are you currently taking medication or have you ever taken medication for this condition?YesNo  If yes, please	Do you was assessing everyone? Yes No
Yes No  Have you ever been diagnosed with asthma, hay fever or allergies? Yes No  If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? Yes No  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	
Have you ever been diagnosed with asthma, hay fever or allergies? YesNo If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD?YesNo If yes, are you currently taking medication or have you ever taken medication for this condition?YesNo If yes, please	
Yes No If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? Yes No If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	Yes No
Yes No If yes, please explain:  Have you ever had surgery or broken bones in the last ten years? Yes No If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
If yes, please explain:  Have you ever had surgery or broken bones in the last ten years?  Yes No  If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No  If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No  If yes, please	
Have you ever had surgery or broken bones in the last ten years? YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD?YesNo If yes, are you currently taking medication or have you ever taken medication for this condition?YesNo If yes, please	
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	If yes, please explain:
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
YesNo If yes, please explain:  Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	Have you ever had surgery or broken bones in the last ten years?
If yes, please explain: Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
Have you ever been diagnosed with ADD or ADHD? Yes No If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	
If yes, are you currently taking medication or have you ever taken medication for this condition? Yes No If yes, please	Have you ever been diagnosed with ADD or ADHD?  Yes  No
condition? Yes No If yes, please	•
If yes, please	
expiaiii.	
	ехріант

### Page Four

Signature:		Date:					
I (print name)							
Source #5:		Kelations	snip:				
Source #4:							
Source #3:							
Source #2:							
Source #1:							
Letters may not be from relatives school source.							
References: Please provide no less than three	and no more	e than five let	ters of recomme	endation.			
Are you a citizen of the United States of America? YesNo  Do you reside within the 5 <sup>th</sup> Congressional District of Indiana?YesNo							
If yes, please explain:							
disorderly conduct charges)	LD IO: UNV	ing writte trittox	icateu oi iiripali	cu UI			
did not receive any points) (INCLUDING BUT NOT LIMIT	ED TO: drivi	na while intov	icated or impair	od or			
(NOT INCLUDING: speeding tic	ckets, parking	g tickets or tra	offic violations fo	or which you			
<b>Criminal Information:</b> Have you ever been convicted of							
Have you ever had seizures or co	onvulsions? _	Yes	No				
Have you ever had a tattoo?	res	NO					

#### **INSTRUCTIONS**

First, make sure you have contacted the academy of your choice. You should have an open file listed with them before you apply for your nomination.

Secondly, make sure you live within the 5<sup>th</sup> Congressional district. You can check by going to: <a href="http://www.in.gov/apps/sos/legislator/search/">http://www.in.gov/apps/sos/legislator/search/</a> Under "Elected Office" choose U.S. House.

Finally, please make six copies of your completed file in the order listed below and return to this office

#### **NO LATER THAN OCTOBER 31, 2012**

- 1. Completed application
- 2. Copy of your high school transcripts (not sealed)
- 3. SAT/ACT scores
- 4. Letters of recommendation (at least 3 but no more than 5)
- 5. Recent photo (attach to application)
- 6. A brief -one page essay describing why you are interested in attending a service academy

#### **IMPORTANT- PLEASE READ CAREFULLY**

We require the original application, <u>plus six photo copies</u> of your completed file. If you apply to more than one academy, then <u>six copies per academy</u> must be turned into this office. Please make sure your application <u>is filled out in its entirety</u>. Please <u>TYPE</u> or <u>PRINT CLEARLY</u>. <u>Please call Elizabeth Tapia with any questions</u>.

**Return to: Congressman Dan Burton** 

Attn: Elizabeth Tapia

8900 Keystone at the Crossing, Suite 1050

**Indianapolis, Indiana 46240** 

If you have questions, please contact Elizabeth Tapia at (800) 382-6020 or (317) 848-0201 or email at <a href="mailto:Elizabeth.Tapia@mail.house.gov">Elizabeth.Tapia@mail.house.gov</a> subject line: Academy Request. You will be notified in writing the date and time of your interview(s) which are usually scheduled for the Monday prior to Thanksgiving.

#### **NEW INFORMATION for USMA Applicants:**

Effective immediately, candidates for the USMA Class of 2012 and later (i.e. entering USMA in 2008 and later) are required to submit a writing score with their SAT and/or ACT exam. The SAT requires the writing exam as part of the test itself. However, the writing portion on the ACT is currently optional. If you register for the ACT, you must select the "ACT Plus Writing" exam. If you have already registered for the upcoming ACT and did not select the "ACT Plus Writing" exam, you should immediately contact ACT (319-337-1270) to add the writing portion. For more information, please visit: <a href="http://www.actstudent.org/faq/answers">http://www.actstudent.org/faq/answers</a>