

U.S. Congressman David B. McKinley, P.E.

First Congressional District West Virginia

SERVICE ACADEMY NOMINATION APPLICATION Academy Class of 2017

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative David B. McKinley, P.E., his staff and the Academy Admission Office.

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<u>Please print clearly or type the following information:</u>

1. Applicant Information

Last Name:	First Name:	Middle Initial:
Suffix: Preferred Name	e/Nickname:	
Social Security Number:		
Physical Address:		
Home Telephone Number:		
Alternate Phone Number:		
Email Address:		
Gender: Male Femal	e	
Race (Optional only for statistical p	purposes):	
White (Non-Hispanic or La	atino)	Asian
Black or African American	(Non-Hispanic or Latino)	
Native Hawaiian or Other I	Pacific Islander	Hispanic or Latino
American Indian or Alaska	Native	Two or more races
Other		
Date of Birth:		
Will you be 17 but not yet 23 years	of age by July 1 of the ye	ar you are admitted to the academy?
Yes	No	
Mother's Name:		
Father's Name:		
Legal Guardian (if applicable):		

Are you ap	oplying for a nom	nination from any othe	er source? Yes	No
Whom:	President	Vice President	Senator Manchin	Senator Rockefeller
Ot	her			

It is in your best interest to request a nomination through all sources available to you. If your father or mother is active duty military, retired military, or was killed in action, you may be eligible for a Presidential or Vice Presidential nomination. Please consult the appropriate Service Academy for further information.

Will you be a United States' Citizen at the time of enrollment:	Yes	No
Are you a resident of the First Congressional District of WV	Yes	No
Have you applied for a nomination in a previous year?	Yes	No

II. Academy Preferences

Please rank each of the Academies in <u>your order of preference for attendance</u>, with one being your first choice. Rank <u>only</u> the Academies you will attend if admitted.

Air Force	Army Navy	Mercha	nt Marine			
U.S. Coast Guar	d Academy					
Have you been contacted directly by an Academy?YesNo						
If yes, which Academy contacted you and who?						
Have you ever served i	n the military in any capacity?	Yes	No			
If yes, what branch of t	he military?					
If yes, what is the high	est rank you held?					

III. Academic Qualifications

High School:
Telephone Number:
Mailing Address:
Principal:

Counselor:		· · · · · · · · · · · · · · · · · · ·		
Graduation Year:				
Test Scores:	SAT Verbal			
	SAT Math			
	OR			
	ACT English			
	ACT Math			
	ACT Reading	_		
	ACT Science/Reasonin	lg		
	ACT Plus Writing	(re	quired by US	MA)
Are you scheduled to	re-take any of your tests?			Date(s)
	ank ou not rank, please estimate)	ut of		class size.
Class Percentile:	Top 1% 5%	10% 25	50%	
Grade Point Average	e (GPA):		Grade Scale	e Used:
Grade Point Average transcript.	e, Scale, Class Rank and Si	ze must be i	ncluded on y	our high school
-	nce examination board sco T scores reported on your o			
College Attended (if	applicable):			
Mailing Address:				
Major:		_ Y	ears Attended	l:
Hours Completed:			GPA:	
Advanced Placement	t Courses Taken and AP Sc	ore:		

Academic Awards or Special Achievements:

Any additional explanations concerning your transcript or test scores you want the interview

panel to know?

IV. Athletic Activities

(Grades 9-12) and college - if applicable)

Sport	Sport
Years in Sport	Years in Sport
Number of Varsity Letters	Number of Varsity Letters
Years as Captain or Co-Captain	Years as Captain or Co-Captain
Years Receiving Special Recognition	Years Receiving Special Recognition
Sport	Sport
	Years in Sport
Number of Varsity Letters	Number of Varsity Letters
Years as Captain or Co-Captain	Years as Captain or Co-Captain
Years Receiving Special Recognition	Years Receiving Special Recognition
Athletic Awards or Special Achievements:	

Have you been in contact with athletic coaches at any Academy? _____Yes____No If so, explain: Coach/Contact Name <u>Academy</u> Telephone Number <u>Sport</u> _____ _____ _____ _ ____ _____ _____ ____ _ _ _

V. Non-Athletic Activities

Have you been	Number of years - grades 9-12
Class President	
Class Officer	
Student Body Officer	
JROTC Detachment Commander	
JROTC member	
Officer of a School Club	
Boys/Girls State	
Boys/Girls Nation	
National Honor Society	
Eagle Scout/Gold Award	
Boy/Girl Scout Member	
Civil Air Patrol Member	
Civil Air Patrol Detachment Officer	
4-H/FFA Member	
4-H/FFA Club Officer	
Other Officer Non-School Club	
Editor School Publication	
Drama/Speech/Debate Club Member	
School Band/Chorus	

List other non-athletic extracurricular activities and leadership positions:

Non-athletic awards or special achievements:

VI. Prior Military Service

Trave you had any	prior service wi	the minute y?				
Yes:	Active	Guard	Reserve			
No						
Branch:						
Years:						
Highest Rank:						
Discharge Code: _						
Has a parent, gran (<i>if yes, please list</i>)	-	g attended a Ser	vice Academy? _	Yes	No	
Name			Service Academy			

Have you had any prior service with the military?

VII. Employment History

Reverse chronological order: use additional sheets if necessary.

Employer	Dates	Position	Hrs. per week worked
Motivation for working:			

VIII. Ethics

In two hundred words or less, describe how you handled a difficult ethical choice you have had to make or a situation that tested your integrity. (Please type or print clearly on a separate page).

IX. Essay

In five hundred words or less, explain why you want to attend a Service Academy. (Please type or print clearly on a separate page).

X. Other information you would like Congressman McKinley and the interview panel to know.

XI. Privacy Statement

I have read the Privacy Act Statement. The information provided in this application is true an 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 Congressman McKinley's Morgantown Office must be in receipt of all application materials no later than 5:00 p.m. November 1, 2012.

Signature:

Print Signature:

Date: _____

Please return your completed application to:

Congressman David B. McKinley, P.E. 709 Beechurst Avenue, Suite 14B Morgantown, WV 26505

Any questions should be directed to:

Linda Wooldridge Senior Constituent Services Representative Academy Nominations Coordinator (304) 284-8506 (304) 284-8505 fax <u>linda.wooldridge@mail.house.gov</u>