

CONGRESSMAN

MIKE R. POMPEO



FOURTH CONGRESSIONAL DISTRICT, KANSAS

# United States Service Academies

Congressional Nomination Form



**DEADLINE**  
October 1<sup>st</sup>



Congressman Mike Pompeo  
Fourth District, Kansas  
**SERVICE ACADEMY NOMINATION FORM**

NAME (First, Middle & Last): \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE OR CELL: \_\_\_\_\_

YEAR IN SCHOOL: \_\_\_\_\_ HIGH SCHOOL NAME: \_\_\_\_\_

YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_ GPA: \_\_\_\_\_

CLASS RANK: # \_\_\_\_\_ of \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_

COLLEGE GPA: \_\_\_\_\_ COLLEGE MAJOR: \_\_\_\_\_

Which military academy do you wish to attend? (Rank in order of preference if you wish to attend more than one.)

AIR FORCE: \_\_\_\_\_ MERCHANT MARINE: \_\_\_\_\_ MILITARY: \_\_\_\_\_ NAVAL: \_\_\_\_\_

Have you applied for other nominations? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Contact #: \_\_\_\_\_

List all Extra-Curricular Activities &/or Leadership Roles: \_\_\_\_\_

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List all Awards &/or Honors: \_\_\_\_\_

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List all Community Involvement: \_\_\_\_\_

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***Please include with this nomination form the following:***

- A brief essay describing your character and leadership abilities and why you would like to attend a U.S. Service Academy. (Maximum one page, 12 pt. font, single-spaced)
- One recent photo (4x6 portrait preferred)
- Unofficial high school transcripts (& college if applicable)
- SAT and/or ACT score verification
- 3 letters of reference

I promise that all of the statements made in this application are completely truthful and accurate to the best of my knowledge. Further, I understand that if I have not submitted all necessary data by the application deadline of **October 1<sup>st</sup>**, I may not be considered for a nomination.

SIGNATURE (s): \_\_\_\_\_ DATE: \_\_\_\_\_

***Please return this nomination form to:***

Congressman Mike Pompeo  
Attn: Toni Porter  
7701 E. Kellogg, #510  
Wichita, KS 67207  
toni.porter@mail.house.gov  
316-262-8992 phone  
316-262-5309 fax