



Congress of the United States
House of Representatives
Washington, DC 20515

Congresswoman Susan W. Brooks
Fifth District, Indiana

Application for a United States Service Academy Nomination

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

Selection of Academy

(Please place an "x" next to EACH academy to which you are applying)

_____ United States Air Force Academy

_____ United States Merchant Marine Academy

_____ United States Military Academy

_____ United States Naval Academy

Are you a citizen of the United States?

Do you reside within the 5th Congressional District of
Indiana?

Please note that if the answer to either question above is
"NO", you cannot receive a nomination from this
Congressional District.

Place Photo Here

Full Name:

(First)

(Middle)

(Last)

Last Name: _____

Home Address: _____

City: _____ County: _____ Zip: _____

Mailing Address (If different than Home Address): _____

City, State, Zip: _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Father's Phone: _____

Mother's Name: _____ Mother's Phone: _____

Other Applications for Nomination you have applied for (please check all that apply):

____ Senator Coats ____ Senator Donnelly ____ Vice President ____ Presidential ____ Other

Education:

Name of High School: _____ City or County: _____

Guidance Counselor: _____ Phone: _____

Grade Point Average: _____ Class Rank (if given at your school): _____

High School Transcript and SAT/ACT:

For this application, you will be required to submit your high school transcript (through 6 semesters). Please submit no later than October 31, 2014.

Have you taken the SAT? If yes, when? Please attach or enclose a copy of your SAT Score Report. OR, you may have College Board send one to us. Our SAT code is 1047.

Last Name: _____

Have you taken the ACT? If yes, when?

Please attach or enclose a copy of your ACT Score Report. OR, you may have ACT send one to us. Our ACT code is 7401.

Extracurricular School Activities (Attach Additional Resume' if needed):

Community Activities (Attach Additional Resume' if needed):

Medical Information:

Have you taken or been scheduled to take your Academy medical exam (scheduled by DODMERB)? If Yes, when? _____

Have you taken or been scheduled to take your Physical Aptitude Exam?

Last Name: _____

The following are common conditions that may cause an Academy to require you to obtain a waiver for admission. Please answer each question:

Do you wear corrective eyewear? _____ YES _____ NO

Have you had corrective laser eye surgery? _____ YES _____ NO

Have you ever been diagnosed with asthma, hay fever, or allergies? _____ YES _____ NO

If Yes, Explain:

Have you had surgery or broken bones in last ten years? _____ YES _____ NO

If Yes, Explain:

Have you ever been diagnosed with ADD or ADHD? _____ YES _____ NO

If Yes, are you currently taking medication or ever taken medication? _____ YES _____ NO

If Yes, Please Explain:

Have you ever had a Tattoo? _____ YES _____ NO

Have you ever had seizures or convulsions? _____ YES _____ NO

Criminal Information:

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

Do NOT include speeding, parking, or traffic violations for which you did not receive points

If Yes, Please Explain:

Last Name: _____

References:

For this application, you are required to submit three (3) letters of recommendation. These cannot be from relatives and at least one must be from a non-school source. Please list the references below who will submit letters and send us the letters as soon as you receive them (no later than October 31, 2014).

Reference # 1: _____ Relationship: _____

Reference # 2: _____ Relationship: _____

Reference # 3: _____ Relationship: _____

Please include or attach an essay (300 words max) on why you wish to attend a service academy.

I (print name) _____, have read and given all information requested. I have answered all questions truthfully and to the best of my knowledge. I understand that any false information could result in me not getting a nomination. I also understand that filling out an application does not guarantee me a nomination. I also give permission for my name to be released to the media in the event that I am nominated by Congresswoman Brooks.

Signed: _____ Date: _____