



Congressman Pete P. Gallego
23rd District of Texas
U.S. Service Academy Nomination Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ 9 digit zip code: _____

SSN#: _____ Gender: _____

Place of birth: _____

Mailing Address (if different from above): _____

Home phone: (_____) _____ Cell phone: (_____) _____

E-mail: _____

Father's name: _____ Cell phone: (_____) _____

Mother's name: _____ Cellphone: (_____) _____

High School: _____

City of high school: _____ Phone number: (_____) _____

Counselor: _____

Expected high school graduation date: _____

Has either parent worked in the military? If so, list the branch of Service and the rank:

Are you currently at a preparatory academy? If so, name the academy.

List in order of preference (only select the academies where you plan to apply)

_____ USMA

_____ USNA

_____ USAFA

_____ USMMA

*Please note information listed on this form will serve as our primary means of contact information for you.

** DEADLINE – OCTOBER 20, 2014