## U.S. CONGRESSMAN MO BROOKS CONGRESSIONAL NOMINATION FORM

*Class of 2025* 



Please note this application is CONFIDENTIAL. The application and any supporting documents will be reviewed by Congressman Mo Brooks, his staff, and the academy nomination advisory board.

## THIS FORM MUST BE TYPED

Full Name:(First)	(Middle)	(Last)	(Preferred Name)		
Permanent Home Address:	, ,	, ,	,		
(S	treet)				
	City)	(State)	(Zip Code)		
Mailing Address (if different from 1	permanent):				
Home Phone: ( )		Cell Phone: ()			
Email Address:		Date of Birth:	//		
High School:		Hometown Newspaper:			
Are you a U.S. citizen? [ ] Yes [ ] No		Gender: [ ] Male [ ] Female			
I have also applied to the following	sources for a nomina	ation:			
[ ] Sen. Richard Shelby [ ]	Sen. Doug Jones [	] President Donald Trump [	] Vice-Pres. Mike Pence		
		~=			
SERVICE ACADEMY	PREFEREN				
Please indicate which academy you them in order of your preference, fi if accepted. The U.S. Coast Guard	rst to last. Rank only	the academies you have applied	d to and that you will attend		
U.S. Air Force A	cademy	U.S. Military Academy			
U.S. Merchant M	arine Academy	U.S. Naval Academy			
Have you previously applied for or	received a nomination	n from Congressman Brooks?	[ ] Yes [ ] No		
If yes, what year and what	service academy?				
Have you been contacted directly b	y an academy or rece	ived a Letter of Assurance or L	etter of Encouragement?		
	ves, which academy (		Č		

## Name of parent(s)/legal guardian(s): \_ (Mother) (Father) Name of Legal Guardian(s): Relation to Legal Guardian(s): Mother's Cell Phone: ( ) Father's Phone Number: ( ) Are you the child of an active or retired member of the U.S. military? [ ] Yes [ ] No Are you the child of a deceased veteran, disabled veteran, prisoner of war, serviceman missing in action or Medal of Honor awardee? If yes, please specify: Has a parent, grandparent or sibling attended a service academy? [ ] Yes [ ] No (Relationship) (Graduating Year) (Name) (Service Academy) (Name) (*Relationship*) (Service Academy) (Graduating Year) **EDUCATIONAL INFORMATION** High School Attended: (High School Name) (High School Address) (City) (Zip)(State) (School Phone Number) (Guidance Counselor's Name) Expected Date of Graduation (Month/Year): \_\_\_\_\_/\_\_\_ High School GPA: Class Rank: \_\_\_\_\_\_ / \_\_\_\_\_ students Class Percentage (Top % of Class): \_\_\_\_\_ Critical Reading \_\_\_\_\_ Math \_\_\_\_ Writing \_\_\_\_ Composite \_\_\_\_ SAT Scores: ACT Scores: English \_\_\_\_\_ Math \_\_\_\_ Reading \_\_\_\_ Science \_\_\_\_ Have you attended any college classes? [ ] Yes [ ] No Currently Attending? [ ] Yes [ ] No If yes, college attended: (College/University Name) (College/University Address) (City) (State) (Zip)Date(s) Attended: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ Credit Hours Earned: Current GPA: Number of Current Semester Hours:

**FAMILY INFORMATION** 

MILITARY SERVIC	E/EXPERIENCE						
Have you had any prior service wi	th the military? [ ]	Active [ ] C	Guard [	] Reserve	[ ] No		
(Branch)	(Dates Served) (Highest Ran						
Have you had any prior service in	JROTC or Civil Air Patro	ol? [ ]Yes [	] No				
If yes, what is the highest rank ach	nieved?						
Have you attended any service aca	demy summer programs	? [ ] Yes [	] No				
If yes, which academy's program	and when?						
APPLICATION AGR	EEMENT						
An appointment to a service acade and implies recognition by the app career. Are you interested in an approximately approximately acree.	oointee of an obligation to	the government to					
Is it okay to use your name in a pro	ess release after receiving	g a nomination or a	ppointment?	[ ] Yes [	] No		
I hereby state that I am a U.S. citizall information contained in this nechanges to this information will be Additionally, I understand that I ware incomplete or not received by	omination application par reported as soon as possiful not be considered for a	cket is true and cor ble to Congressmar a nomination if my	rect to the bes n Mo Brooks'	st of my know Huntsville dis	vledge. Any strict office.		
(Full Name)							
		Date:		/			
(Signature)		Date.	/	/			

## **PICTURE**

Please adhere a recent, color picture in the space below. We recommend that the applicant also include his/her name on the back of the photo should it become detached during the review process.

