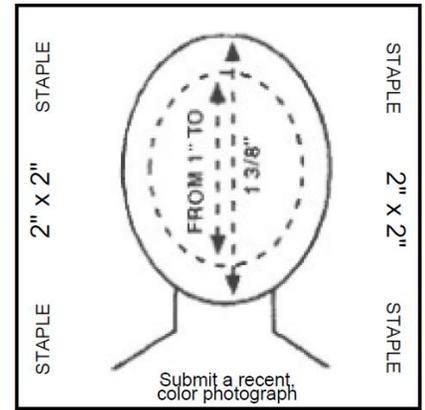


UNITED STATES HOUSE OF REPRESENTATIVES
 CONGRESSMAN BRIAN FITZPATRICK
 271 CANNON HOUSE OFFICE BUILDING
 WASHINGTON, DC 20515
 (O) 202.225.4276

CONGRESSMAN BRIAN FITZPATRICK
 ATTN: JACQUELINE DYER – SERVICE ACADEMY
 1717 LANGHORNE NEWTOWN RD.
 SUITE 225
 LANGHORNE, PA 19047
 (O) 215.579.8102
 (F) 215.579.8109



U.S. MILITARY SERVICE ACADEMY CANDIDATE CONGRESSIONAL NOMINATION FILE

FOR CONSIDERATION AND NOMINATION FOR THE U.S. MILITARY SERVICE ACADEMIES:

WEST POINT	Applied Y / N		NAVAL	Applied Y / N		AIR FORCE	Applied Y / N		MERCHANT MARINE	Applied Y / N	
	Ranking (1 – 4)			Ranking (1 – 4)			Ranking (1 – 4)			Ranking (1 – 4)	

If applying to more than one Academy, please INDICATE your PREFERENCE by ORDER OF NUMBER

COAST GUARD		ARMY ROTC		NAVY ROTC		AIR FORCE ROTC	
--------------------	--	------------------	--	------------------	--	-----------------------	--

Check any of the boxes if applying to these programs along with the Service Academies

PERSONAL INFORMATION:		
FULL LEGAL NAME: <small>(LAST, FIRST, FULL MIDDLE)</small>	DATE OF BIRTH:	SEX:
HOME ADDRESS:		
CITY, STATE, ZIP:		
BEST PHONE NUMBER:	SOCIAL SECURITY NUMBER:	
BEST E-MAIL (NOT SCHOOL):		
FATHER NAME: <small>(LAST, FIRST, FULL MIDDLE)</small>		
OCCUPATION:	COMPANY:	
MOTHER NAME: <small>(LAST, FIRST, FULL MIDDLE)</small>		
OCCUPATION:	COMPANY:	
PLACE OF BIRTH: <small>(CITY, STATE, *COUNTRY IF NOT UNITED STATES*)</small>		
WILL YOU BE A U.S. CITIZEN AT TIME OF ENROLLMENT?		
ARE YOU A RESIDENT OF PENNSYLVANIA 1ST CONGRESSIONAL DISTRICT?		

I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

PARENT'S MILITARY EXPERIENCE:		
FATHER	BRANCH	RANK
	MOS DESIGNATOR AFSC RATING	DATE DISCHARGED CURRENT
	SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION
		<input type="checkbox"/>
MOTHER	BRANCH	RANK
	MOS DESIGNATOR AFSC RATING	DATE DISCHARGED CURRENT
	SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION
		<input type="checkbox"/>

SERVICE ACADEMY PARTICIPATION:

HAVE YOU VISITED ANY OF THE SERVICE ACADEMIES AND/OR PARTICIPATED IN ANY SUMMER SEMINARS	9	10	11	12	College Yr.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

MILITARY SERVICE/EXPERIENCE (INCLUDING JROTC/ CIVIL AIR PATROL):

BRANCH	POSITION RANK	DATE ENTERED	DATE ENDED CURRENT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

U.S. MILITARY SERVICE ACADEMY INFORMATION: Please Answer this Section if it Pertains to Applicant

HAVE YOU APPLIED FOR A NOMINATION IN PREVIOUS YEAR(S)?

CHECK ALL APPLICABLE

CLASS OF:

WEST POINT	2028 <input type="checkbox"/>	2029 <input type="checkbox"/>	2030 <input type="checkbox"/>
NAVAL	2028 <input type="checkbox"/>	2029 <input type="checkbox"/>	2030 <input type="checkbox"/>
AIR FORCE	2028 <input type="checkbox"/>	2029 <input type="checkbox"/>	2030 <input type="checkbox"/>
MERCHANT MARINE	2028 <input type="checkbox"/>	2029 <input type="checkbox"/>	2030 <input type="checkbox"/>
COAST GUARD	2028 <input type="checkbox"/>	2029 <input type="checkbox"/>	2030 <input type="checkbox"/>

HAVE YOU BEEN CONTACTED DIRECTLY BY ANY OF THE SERVICE ACADEMIES ADMISSIONS OFFICE?

CHECK THE APPLICABLE THEN SPECIFY WHAT SPORT/ACADEMIC

WEST POINT <input type="checkbox"/>	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>	
NAVAL <input type="checkbox"/>	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>	
AIR FORCE <input type="checkbox"/>	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>	
MERCHANT MARINE <input type="checkbox"/>	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>	
COAST GUARD <input type="checkbox"/>	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>	

**PLEASE LIST ALL REFERENCES OR LETTERS OF RECOMMENDERS:
(WE WILL ONLY USE THREE of the LORs)**

NAME	POSITION	EMAIL ADDRESS	PHONE NUMBER

FOREIGN LANGUAGE PROFICIENCY

LANGUAGE	READ (Advanced Intermediate Beginner)	WRITE (Advanced Intermediate Beginner)	LISTEN (Advanced Intermediate Beginner)

I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

HIGH SCHOOL/COLLEGE ACADEMIC DATA (MUST BE AN OFFICIAL COPY)	
NAME OF HIGH SCHOOL	GPA:
CURRENTLY ATTENDING: Y / N	DATE OF GRADUATION:
SCHOOL ADDRESS:	
CITY, STATE, ZIP:	
SCHOOL PRINCIPAL NAME:	
SCHOOL PRIMARY COUNSELOR NAME:	
SCHOOL POINT OF CONTACT PHONE NUMBER:	
CLASS RANK: OF	
CLASS PERCENTAGE (TOP % OF CLASS):	
NAME OF COLLEGE (IF APPLICABLE):	GPA:
CURRENTLY ATTENDING: Y / N	DATE OF GRADUATION:
SCHOOL ADDRESS:	
CITY, STATE, ZIP:	
SCHOOL POINT OF CONTACT NAME:	
SCHOOL POINT OF CONTACT PHONE NUMBER:	
MAJOR:	
YEARS ATTENDED:	HOURS COMPLETED:

ACADEMIC OVERVIEW: Please note Congressman Fitzpatrick's SAT CODE: 2362 and ACT CODE: 7635 (Highest scores will be taken into consideration for each section if multiple tests taken)

SAT				
DATE(s) TAKEN				
MATH:				
EVIDENCE-BASED READING & WRITING:				
COMPOSITION:				
TOTAL SCORE:				

ACT				
DATE(s) TAKEN				
ENGLISH				
MATH				
READING				
SCIENCE				
WRITING				
TOTAL SCORE:				

I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Application for Nomination to the United States Service Academies Guidance Counselor
Evaluation Form

Name of Applicant (Last, First Middle):

Name of School, Address, and Phone Number:

Class Rank # ___ out of # ___ of Students Student Class Percentile: _____ GPA: _____

1. How long have you known the applicant and in what connection?
2. What do you feel are the applicant's talents and/or strengths?
3. What do you consider to be the weaknesses of the applicant?
4. How would you describe his/her ability to get along with others?
5. How would you describe his/her leadership characteristics?
6. How does the applicant handle stressful situations?
7. Do you know of any personal circumstances which might affect the applicant's performance at the academy?
8. Please rank this applicant among his/her peer group, to the best of your observation:
 Excellent, among the best I have known
 Very Good, stands out in peer group
 Average
 Below Average

General Comments, Evaluation, and/or Recommendation:

Print or Type Name _____ Signature _____
Print or Type Title _____
Date _____

**Application for Nomination to the United States Service Academies Employer Evaluation
Evaluation Form**

Name of Applicant (Last, First Middle):

Name of Employment (Place of Work), Address, and Phone Number:

1. How long have you known the applicant and in what connection?
2. What do you feel are the applicant's talents and/or strengths?
3. What do you consider to be the weaknesses of the applicant?
4. How would you describe his/her ability to get along with others?
5. How would you describe his/her leadership characteristics?
6. How does the applicant handle stressful situations?
7. Do you know of any personal circumstances which might affect the applicant's performance at the academy?
8. Please rank this applicant among his/her peer group, to the best of your observation:
 Excellent, among the best I have known
 Very Good, stands out in peer group
 Average
 Below Average

General Comments, Evaluation, and/or Recommendation:

Print or Type Name _____ Signature _____
 Print or Type Title _____
 Date _____

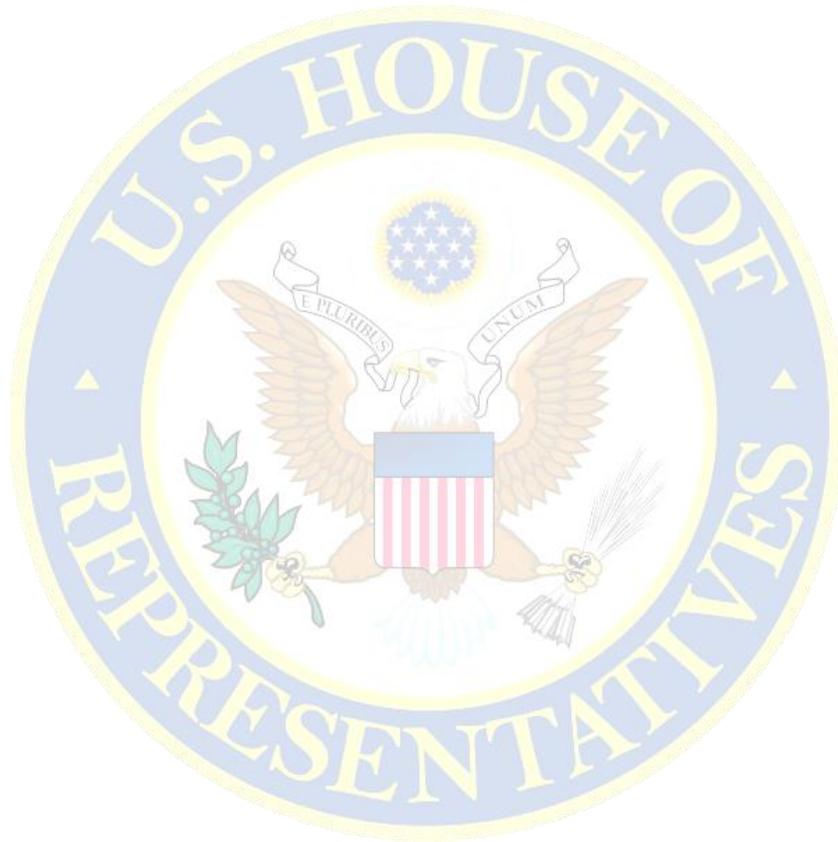
I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

ATHLETIC RECORD:					
LIST ALL SPORTS AND WHICH GRADES YOU PARTICIPATED Participated, Junior Varsity, Varsity, Captain (P, JV, V, CPT) <i>*LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*</i>	9	10	11	12	College Yr.
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SCHOOL ACTIVITIES:					
LIST ALL CLUBS AND WHICH GRADES YOU PARTICIPATED Participated, Leader (P, LDR) <i>*LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*</i>	9	10	11	12	College Yr.
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

INDICATE ALL OTHER SOURCES YOU HAVE CONTACTED REGARDING A NOMINATION: *YOU SHOULD CONTACT ALL AVAILABLE SOURCES*	
<input type="checkbox"/>	U.S. SENATOR JOHN K. FETTERMAN
<input type="checkbox"/>	U.S. SENATOR DAVID H. MCCORMICK
<input type="checkbox"/>	VICE PRESIDENT OF THE UNITED STATES JD VANCE
<input type="checkbox"/>	PRESIDENT OF THE UNITED STATES DONALD J. TRUMP
<input type="checkbox"/>	SERVICE ACADEMY COMMANDANTS
<input type="checkbox"/>	SECRETARY OF THE ARMY/NAVY/AIRFORCE
<input type="checkbox"/>	OTHER:



I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF



Brian K. Fitzpatrick
 1st District of Pennsylvania
Congress of the United States
 House of Representatives
 Washington, D.C. 20513 -3808

Privacy Act of 1974: The submission of the requested information constitutes authorization for review of this information by Representative Brian Fitzpatrick, his staff, his Service Academy Review Board, the Academy Admission Office, and the media. In the event that this office finds it necessary to make inquiries on your behalf concerning your nomination, it is crucial that you have given permission for such in queries to be made. In addition, if nominated, your name may be included in future press releases.

Under the Privacy Act of 1974, written permission of the individual whose records will be disclosed by the Federal Government is required. This law was written to protect every American citizen from unauthorized disclosure of personal information without proper consent.

I have read the Privacy Act Statement. The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application. I am also required to submit all the items on the application check-list. I further understand that Representative Fitzpatrick’s Office must be in receipt of all application materials **no later than 5:00 p.m., Friday October 9, 202.**

Name (Please Print): _____

Social Security Number (Last 4): _____

Signature: _____

Date: _____



I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF