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| **WEST POINT** |  | **NAVAL** |  | **AIR FORCE** |  | **MERCHANT MARINE** |  |

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

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| **COAST GUARD** |  | **ARMY ROTC** |  | **NAVY ROTC** |  | **AIR FORCE ROTC** |  |

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

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

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| **PARENT’S MILITARY EXPERIENCE:** |
| **FATHER** | **BRANCH** | **RANK** |
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| **MOS | DESIGNATOR | AFSC | RATING** | **DATE DISCHARGED | CURRENT** |
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| **SERVICE ACADEMY****(IF ATTENDED)** | **YEAR OF GRADUATION** |
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| **MOTHER** | **BRANCH** | **RANK** |
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| **MOS | DESIGNATOR | AFSC | RATING** | **DATE DISCHARGED | CURRENT** |
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| **SERVICE ACADEMY****(IF ATTENDED)** | **YEAR OF GRADUATION** |
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**SERVICE ACADEMY PARTICIPATION:**

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| **HAVE YOU VISITED ANY OF THE SERVICE ACADEMIES AND/OR PARTICIPATED IN ANY SUMMER SEMINARS** | **9** | **10** | **11** | **12** | **College****Yr.** |
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**MILITARY SERVICE/EXPERIENCE (INCLUDING JROTC/ CIVIL AIR PATROL):**

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| **BRANCH** | **POSITION | RANK** | **DATE ENTERED** | **DATE ENDED | CURRENT** |
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| **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 THE APPLICABLE** |
| **WEST POINT** | **2020** [ ]  | **2021** [ ]  | **2022** [ ]  |
| **NAVAL** | **2020** [ ]  | **2021** [ ]  | **2022** [ ]  |
| **AIR FORCE** | **2020** [ ]  | **2021** [ ]  | **2022** [ ]  |
| **MERCHANT MARINE** | **2020** [ ]  | **2021** [ ]  | **2022** [ ]  |
| **COAST GUARD** | **2020** [ ]  | **2021** [ ]  | **2022** [ ]  |
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| **HAVE YOU BEEN CONTACTED DIRECTLY BY ANY OF THE SERVICE ACADEMIES ADMISSIONS OFFICE?** |
| **CHECK THE APPLICABLE THEN SPECIFY WHAT SPORT/ACADEMIC** |
| **WEST POINT** [ ]  | **SPORT** [ ]  | **ACADEMIC** [ ]  |   |
| **NAVAL** [ ]  | **SPORT** [ ]  | **ACADEMIC** [ ]  |   |
| **AIR FORCE** [ ]  | **SPORT** [ ]  | **ACADEMIC** [ ]  |   |
| **MERCHANT MARINE** [ ]  | **SPORT** [ ]  | **ACADEMIC** [ ]  |   |
| **COAST GUARD** [ ]  | **SPORT** [ ]  | **ACADEMIC** [ ]  |   |

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| **PLEASE LIST ALL REFERENCES OR LETTERS OF RECOMMENDERS:****(WE WILL ONLY USE THREE of the LORs)** |
| **NAME** | **POSITION** | **EMAIL ADDRESS** | **PHONE NUMBER** |
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| **FOREIGN LANGUAGE PROFICIENCY** |
| **LANGUAGE** | **READ (Advanced | Intermediate | Beginner)**  | **WRITE (Advanced | Intermediate | Beginner)** | **LISTEN (Advanced | Intermediate | Beginner)** |
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| **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:** |

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| **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:** |   |   |   |

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| **ATHLETIC RECORD:** |
| **LIST ALL SPORTS AND WHICH GRADES YOU PARTICIPATED** **Participated, Junior Varsity, Varsity, Captain (P, JV, V, CPT)****\*LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details\*** | **9** | **10** | **11** | **12** | **College****Yr.** |
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| **SCHOOL ACTIVITIES:** |
| **LIST ALL CLUBS AND WHCH GRADES YOU PARTICIPATED****Participated, Leader (P, LDR)****\*LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details\*** | **9** | **10** | **11** | **12** | **College****Yr.** |
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| **COMMUNITY ACTIVITIES:** |
| **LIST CIVIC AND COMMUNITY ACTIVITIES, LIST HONORS AND LEADERSHIP** **\*\*AS WELL AS GRADES YOU PARTICIPATED\*\*** | **9** | **10** | **11** | **12** | **College****Yr.** |
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| KEYSTONE STATE AWARD | **CHECK IF YES** |[ ]
| EAGLE SCOUT | GOLD AWARD | **CHECK IF YES** |[ ]

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| **PLEASE USE THIS SPACE FOR MORE INFORMATION** |
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| **INDICATE ALL OTHER SOURCES YOU HAVE CONTACTED REGARDING A NOMINATION:** **\*YOU SHOULD CONTACT ALL AVAILABLE SOURCES\*** |
|[ ]  **U.S. SENATOR ROBERT CASEY** |
|[ ]  **U.S. SENATOR PAT TOOMEY** |
|[ ]  **PRESIDENT OF THE UNITED STATES JOSEPH R. BIDEN JR.** |
|[ ]  **VICE PRESIDENT OF THE UNITED STATES KAMALA D. HARRIS** |
|[ ]  **SERVICE ACADEMY COMMANDANTS**  |
|[ ]  **SECRETARY OF THE ARMY/NAVY/AIRFORCE** |
|[ ]  **OTHER:** |   |



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 6, 2023**.

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

