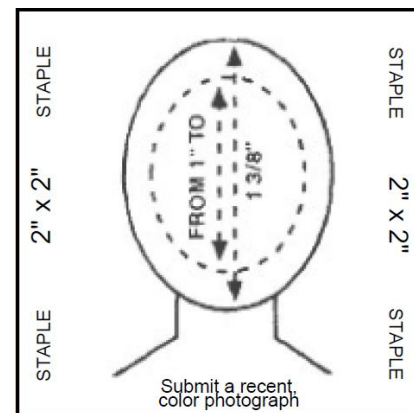


UNITED STATES HOUSE OF REPRESENTATIVES  
 CONGRESSMAN BRIAN FITZPATRICK  
 271 CANNON HOUSE OFFICE BUILDING  
 WASHINGTON, DC 20515  
 (O) 202.225.4276

CONGRESSMAN BRIAN FITZPATRICK  
 ATTN: PETER CHONG – 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:

<b>WEST POINT</b>	Applied Y / N		<b>NAVAL</b>	Applied Y / N		<b>AIR FORCE</b>	Applied Y / N		<b>MERCHANT MARINE</b>	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

<b>COAST GUARD</b>		<b>ARMY ROTC</b>		<b>NAVY ROTC</b>		<b>AIR FORCE ROTC</b>	
--------------------	--	------------------	--	------------------	--	-----------------------	--

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

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

\*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
	<input type="checkbox"/>
SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION
MOTHER	BRANCH
	RANK
	MOS   DESIGNATOR   AFSC   RATING
	DATE DISCHARGED   CURRENT
	<input type="checkbox"/>
SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION

## 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"/>
	<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"/>
	<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:**

<b>WEST POINT</b>	<b>2027</b> <input type="checkbox"/>	<b>2028</b> <input type="checkbox"/>	<b>2029</b> <input type="checkbox"/>
<b>NAVAL</b>	<b>2027</b> <input type="checkbox"/>	<b>2028</b> <input type="checkbox"/>	<b>2029</b> <input type="checkbox"/>
<b>AIR FORCE</b>	<b>2027</b> <input type="checkbox"/>	<b>2028</b> <input type="checkbox"/>	<b>2029</b> <input type="checkbox"/>
<b>MERCHANT MARINE</b>	<b>2027</b> <input type="checkbox"/>	<b>2028</b> <input type="checkbox"/>	<b>2029</b> <input type="checkbox"/>
<b>COAST GUARD</b>	<b>2027</b> <input type="checkbox"/>	<b>2028</b> <input type="checkbox"/>	<b>2029</b> <input type="checkbox"/>

**HAVE YOU BEEN CONTACTED DIRECTLY BY ANY OF THE SERVICE ACADEMIES ADMISSIONS OFFICE?****CHECK THE APPLICABLE THEN SPECIFY WHAT SPORT/ACADEMIC**

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

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

<b>NAME</b>	<b>POSITION</b>	<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>

**FOREIGN LANGUAGE PROFICIENCY**

<b>LANGUAGE</b>	<b>READ (Advanced   Intermediate   Beginner)</b>	<b>WRITE (Advanced   Intermediate   Beginner)</b>	<b>LISTEN (Advanced   Intermediate   Beginner)</b>

**\*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	Click to enter a date.	Click to enter a date.	Click to enter a date.	Click to enter a date.
MATH:				
EVIDENCE-BASED READING & WRITING:				
COMPOSITION:				
TOTAL SCORE:				

### ACT

DATE(s) TAKEN	Click to enter a date.	Click to enter a date.	Click to enter a date.	Click to enter a date.
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** \_\_\_\_\_

**\*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 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) *LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*	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"/>

SCHOOL ACTIVITIES:					
LIST ALL CLUBS AND WHICH GRADES YOU PARTICIPATED Participated, Leader (P, LDR) *LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*	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"/>

\*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\*

COMMUNITY ACTIVITIES:					
LIST CIVIC AND COMMUNITY ACTIVITIES, LIST HONORS AND LEADERSHIP **AS WELL AS GRADES YOU PARTICIPATED**	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"/>
	<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"/>
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEYSTONE STATE AWARD	CHECK IF YES				<input type="checkbox"/>
EAGLE SCOUT   GOLD AWARD	CHECK IF YES				<input type="checkbox"/>

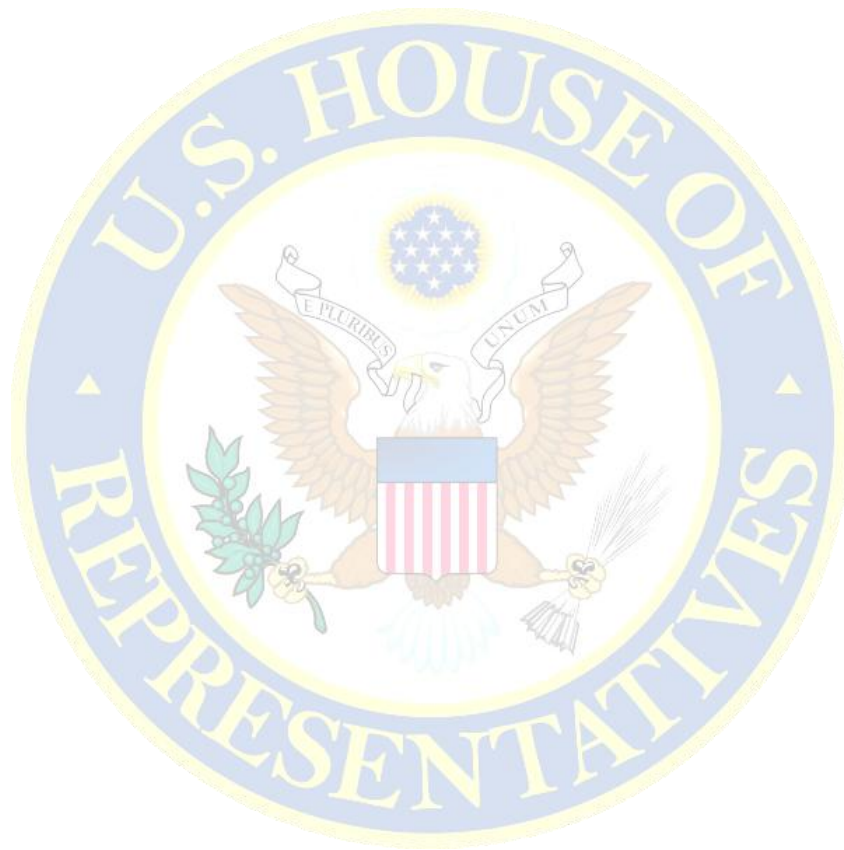
[illegible]

**\*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**  
 1<sup>st</sup> 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 10, 2025.**

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\***