

Congressman Brian Fitzpatrick

Nomination Overview for Service Academies

Applicant's Personal Data

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____ US Citizen? ____

High School: _____ Graduation Year: _____

Father's Full Name: _____ Military Service? _____

Mother's Full Name: _____ Military Service? _____

Academic Data

GPA: _____ Class Rank: _____ of _____ Class Percentage: _____

SAT Scores: Math - _____ ACT Scores: English - _____
Verbal - _____ Math - _____
Writing - _____ Reading - _____
COMPOSITE - _____ Science - _____
Writing - _____
COMPOSITE - _____

Most Recent Testing Date: _____ Most Recent Testing Date: _____

Leadership Data (Indicate school years participated, **1=Freshman, 2=Sophomore, 3=Junior, 4=Senior**)

1	2	3	4		1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National Honor Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STEM Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Class President/Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Government Pres/Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keystone State Award
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Club Pres/Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debate Club
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Honors Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academy Summer Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Band/Chorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musical Instrument
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Newspaper/Yearbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil Air Patrol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boys'/Girls' State/Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civic Organizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Junior ROTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visited a Service Academy

Eagle Scout/Gold Award/Keystone State Award _____

Sports Data (Indicate school years participated as above, **P = Participated, L = Leadership Position**)

1	2	3	4		1	2	3	4		1	2	3	4	
				Football					Swimming					Track/XC
				Field Hockey					Gymnastics					Lacrosse
				Baseball					Volleyball					Tennis
				Basketball					Wrestling					Golf
				Soccer					Other (Specify)					

Academy Preference (Rank for which you submitted an application 1-4 according to your preference)

United States Military Academy ____ United States Air Force Academy ____

United States Naval Academy ____ United States Merchant Marine Academy ____

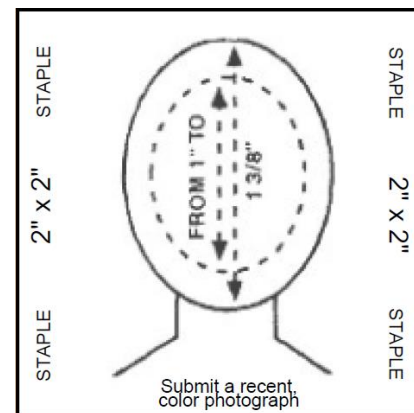
I, the undersigned candidate, am a legal resident of the 1st Congressional District of Pennsylvania, and I declare that the information I have provided in this form and any attached documents as necessary is true, correct and complete to the best of my knowledge and belief.

Applicant Signature: _____

Date: _____

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:

WEST POINT	NAVAL	AIR FORCE	MERCHANT MARINE
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If applying to more than one Academy, please INDICATE your PREFERENCE by ORDER OF NUMBER

COAST GUARD	ARMY ROTC	NAVY ROTC	AIR FORCE ROTC
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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
	<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
	<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"/>

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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	2019 <input type="checkbox"/>	2020 <input type="checkbox"/>	2021 <input type="checkbox"/>
NAVAL	2019 <input type="checkbox"/>	2020 <input type="checkbox"/>	2021 <input type="checkbox"/>
AIR FORCE	2019 <input type="checkbox"/>	2020 <input type="checkbox"/>	2021 <input type="checkbox"/>
MERCHANT MARINE	2019 <input type="checkbox"/>	2020 <input type="checkbox"/>	2021 <input type="checkbox"/>
COAST GUARD	2019 <input type="checkbox"/>	2020 <input type="checkbox"/>	2021 <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)

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HIGH SCHOOL/COLLEGE ACADEMIC DATA (MUST BE AN OFFICIAL COPY)	
NAME OF HIGH SCHOOL:	GPA:
CURRENTLY ATTENDING:	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:	DATE OF GRADUATION:
SCHOOL ADDRESS:	
CITY, STATE, ZIP:	
SCHOOL POINT OF CONTACT NAME:	
SCHOOL POINT OF CONTACT PHONE NUMBER:	
MAJOR:	
YEAR 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:			

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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
					<input type="checkbox"/>
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					<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
					<input type="checkbox"/>
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					<input type="checkbox"/>
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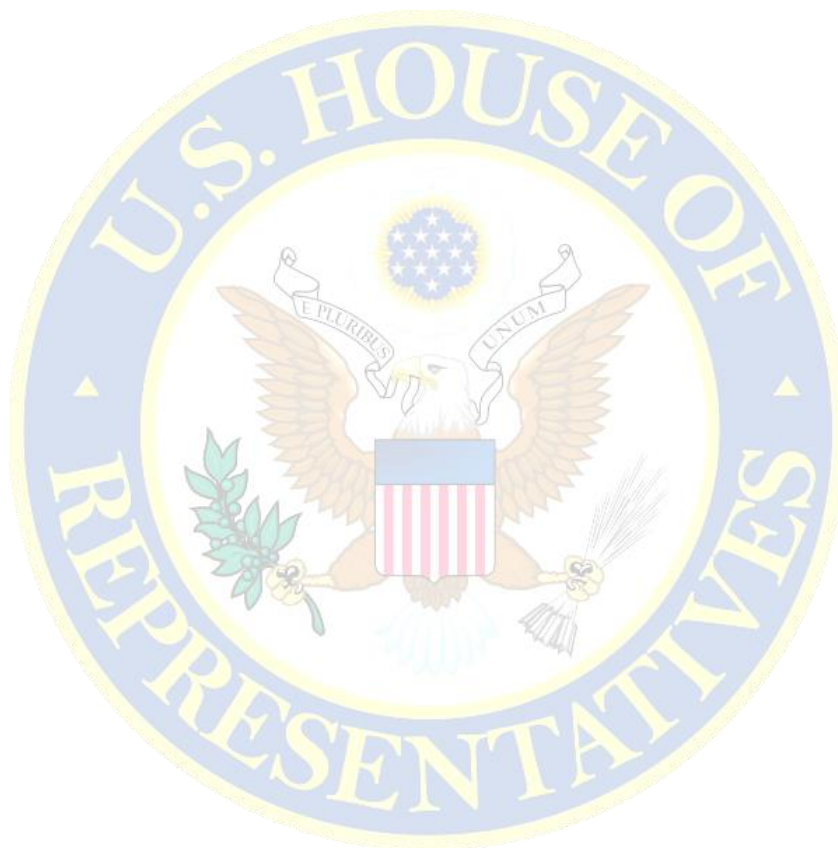
COMMUNITY ACTIVITIES:					
LIST CIVIC AND COMMUNITY ACTIVITIES, LIST HONORS AND LEADERSHIP **AS WELL AS GRADES YOU PARTICIPATED**	9	10	11	12	College
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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]

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INDICATE ALL OTHER SOURCES YOU HAVE CONTACTED REGARDING A NOMINATION:
 YOU SHOULD CONTACT ALL AVAILABLE SOURCES

<input type="checkbox"/>	U.S. SENATOR ROBERT CASEY
<input type="checkbox"/>	U.S. SENATOR PAT TOOMEY
<input type="checkbox"/>	PRESIDENT OF THE UNITED STATES JOSEPH R. BIDEN JR.
<input type="checkbox"/>	VICE PRESIDENT OF THE UNITED STATES KAMALA D. HARRIS
<input type="checkbox"/>	SERVICE ACADEMY COMMANDANTS
<input type="checkbox"/>	SECRETARY OF THE ARMY/NAVY/AIRFORCE
<input type="checkbox"/>	OTHER:



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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 4:30 p.m., Friday October 8, 2021.**

Name (Please Print): _____

Social Security Number: _____

Signature: _____ Date: _____



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