

CLASS OF 2019
APPLICATION FOR NOMINATION TO A UNITED STATES
SERVICE ACADEMY

Congresswoman Virginia Foxx
3540 Clemmons Road, Suite 125
Clemmons, NC 27012
(336) 778-0211

Thank you for your interest in an appointment to one of the United States Service Academies. Please complete this application and return it with the required attachments by November 3, 2014 (postmarked) to the address above.

NOTE: To be considered for an academy nomination, you must be a United States citizen, at least 17 and not yet 23 years of age on July 1 of your year of admission. You must not be married, pregnant, or have a legal obligation to support a child or children. Also, you must be a resident of the 5th Congressional District of North Carolina.

I. Personal Data

Full Name _____

Preferred Name _____

Permanent Local Address

_____ County _____

Temporary Address (if applicable)

_____ County _____

Telephone Number _____

Cell Phone Number (optional) _____

Email Address _____

Parent(s)/ Guardian(s) Name(s) and telephone number

Date and Place of Birth _____

Social Security Number (last four digits) _____ Are you a U.S. citizen? Yes No

Are you a resident of the 5th District of North Carolina? Yes No

II. Academy Preference

I wish to be considered for the following Service Academy(s): List in order of preference if more than one academy.

- 1. _____ 2. _____
- 3. _____ 4. _____

Why do you wish to attend a U.S. Service Academy? (Please feel free to use additional paper if necessary).

If you are now in military service, give branch, rank, and length of service.

Have you applied for a nomination with any other U.S. Representative or Senator? If so, please list their name(s).

III. Medical Information

Do you have any medical problems that you are currently being treated for?

Are you currently on any prescribed medications?

Is your eyesight 20/20 uncorrected? Yes No

If not, what is your eyesight uncorrected?

Right Eye ____/____ Left Eye ____/____

Do your eyes correct to 20/20 with contacts or glasses? Yes No N/A

IV. Academic Data

Name of High School _____

High School Counselor and phone number _____

Class Rank _____ In a class of _____

Graduation Date _____

Approximate Grade-Point Average _____

SAT Scores: Math _____ or ACT Scores: Math _____

Critical Reading _____ Verbal _____

Writing _____

I plan to take/retake the SAT/ACT on _____ (date)

V. Personal Information

Have you ever been charged with or convicted of a felony? Yes No
If **yes**, please explain in detail on a separate sheet of paper.

Are you being recruited by one of the service academies for athletics? If yes, please list below:

Hometown Newspaper _____

VI. Please attach the following to your application:

1. List your extracurricular activities, hobbies, honors, awards, and work experience.
2. Include an official transcript of your academic record from your high school along with your SAT and/ or ACT scores. This should be in a sealed envelope.
3. Include a copy of your Candidate Fitness Assessment scores.
4. Attach a recent photograph. (Head and Shoulders Photo Preferred)

VII. Signature

To the best of my knowledge, the information on this form and any attachment/enclosures is true, complete and correct. I understand that the deadline for application is November 3, 2014. If I have not submitted all requested information postmarked by this deadline, I understand that my application may not be given consideration.

Signature

Date

If you have any questions, please call the Clemmons office at (336) 778-0211 or (866) 677-8968.