

**2016 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 October 31, 2016 (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 5<sup>th</sup> 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 5<sup>th</sup> 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 October 31, 2016. 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 my Clemmons office at (336) 778-0211 or (866) 677-8968.