Service Academy Congressional Nomination Application Packet Checklist

✓ Completed Application
✓ 2 Letters of Recommendation
✓ Service Academy Academic Recommendation Form
✓ 1 Page Personal Statement Outlining Interest in Entering a Service Academy
✓ Recent Photo
✓ Official Copy of High School Transcript
✓ Official Copy of ACT or SAT Score, with Writing Component

2019 Service Academy Nominations Schedule
Friday, November 15, 2019 Application Submission Deadline
Friday, December 6, 2019 Personal Interview
Tuesday, December 10, 2019 Nominee Notification of Status by Mail Begins

Please Mail All Application Materials to:
Congressman Markwayne Mullin
Attn: William Barnes
811-A N. York St.
Muskogee, OK 74401
Contact Number: (918) 687-2533

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY NOVEMBER 15, 2019. NO EXCEPTIONS.
Service Academy Congressional Nomination Application

I. General

Full Name: ____________________________________ SSN: ________________

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
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Home Address in the 2nd District: _______________________________________

Number and Street City, State Zip Code

Mailing Address (if different): ____________________________________________

Number and Street City, State Zip Code

Home Phone: ___________________________ Cell Phone: ________________________

Place of Birth: ______________________________ Date of Birth: ________________

Email Address: __________________________________________________________

Academy Preferences (If interested in more than one academy, please rank in order of priority)

1. __________________________________________ 2. __________________________

3. __________________________________________ 4. __________________________

II. Family

Father’s Legal Name: __________________________ Phone Number: ______________

Mother’s Legal Name: __________________________ Phone Number: ______________

Legal Guardian, if other than parent: ________________________________________
III. Academic Information
Name of High School: ____________________________ Graduation Year: _____

School Address: _____________________________________________________________

School Counselor: ________________________ Counselor’s Phone Number: _____________

GPA: ______________________  Class Rank: ________________________________

If you have taken or are taking Honors/AP classes, or courses at a college or university, please list them below:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

IV. Activities and Awards

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description of activity, accomplishments, offices held, awards, etc.</th>
<th>Year(s)</th>
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V. Nomination
If also seeking a nomination through another office, please list below:

______________________________________________________________________________

VI. Signature
I certify that I am a legal resident of the Second Congressional District of Oklahoma and that all information provided is accurate. I understand that the deadline for application is on or before November 15, 2019.

__________________________________________            _______________________________
Signature                                      Date
Service Academy Recommendation Form
FORM MUST BE COMPLETED BY A SCHOOL COUNSELOR OR TEACHER
Note: This recommendation form is completely confidential. Please place completed form in an envelope and seal.

Name of Applicant: ________________________________    Year in School: ____________

<table>
<thead>
<tr>
<th>Please rate applicant’s abilities:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Leadership Characteristics</td>
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<td>Personality Traits</td>
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<td>Ability to get along with and work well with others</td>
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<td>Ability to work under pressure</td>
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<td>Ability to take criticism</td>
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<td>Attendance, punctuality and dependability</td>
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<td>Overall assessment of candidate</td>
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Additional Academic Criteria (mark all that apply):
Honors Classes____   AP Classes____   Other____

Additional Comments: __________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature: ________________________________    Date: __________________

Printed Name: _____________________________    Phone Number: ________________

Title: _____________________________    School: _____________________________