



CONGRESSMAN MARKWAYNE MULLIN

U.S. HOUSE OF REPRESENTATIVES

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

2021 Service Academy Nominations Schedule

Friday, November 12, 2021 Application Submission Deadline

Please Mail All Application Materials to:

Congressman Markwayne Mullin
Attn: William Barnes
1 E. Choctaw, Suite 175
McAlester, OK 74501
Contact Number: (918) 423-5951

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY NOVEMBER 12, 2021. NO EXCEPTIONS.



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Service Academy Congressional Nomination Application

I. General

Full Name: _____ **SSN:** _____
Last First Middle Suffix

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: _____



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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

| Activity | Description of activity, accomplishments, offices held, awards, etc. | Year(s) |
|----------|--|---------|
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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 12, 2021.

Signature

Date



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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: _____

| Please rate applicant's abilities: | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Leadership Characteristics | | | | |
| Personality Traits | | | | |
| Ability to get along with and work well with others | | | | |
| Ability to work under pressure | | | | |
| Ability to take criticism | | | | |
| Attendance, punctuality and dependability | | | | |
| Overall assessment of candidate | | | | |

Additional Academic Criteria (mark all that apply):

Honors Classes _____ AP Classes _____ Other _____

Additional Comments: _____

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Title: _____ School: _____