



Congress of the United States  
House of Representatives  
Washington, DC 20515

Congresswoman Susan W. Brooks  
Fifth District, Indiana

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**Application for a United States Service Academy Nomination**

(Please type or print clearly all information on this application)

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Selection of Academy

(Please place an "x" next to EACH academy or academies of your choice)

\_\_\_\_\_ United States Air Force Academy

\_\_\_\_\_ United States Merchant Marine Academy

\_\_\_\_\_ United States Military Academy

\_\_\_\_\_ United States Naval Academy

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Are you a citizen of the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you reside within the 5<sup>th</sup> Congressional District of Indiana? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please note that if the answer to either question above is "NO", you cannot receive a nomination from this Congressional District.

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Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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Last Name: \_\_\_\_\_

Mailing Address (If different than Home Address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Other Applications for Nomination you have applied for (please check all that apply):

\_\_\_\_ Senator Coats \_\_\_\_ Senator Donnelly \_\_\_\_ Vice President \_\_\_\_ Presidential \_\_\_\_ Other

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**Education:**

Name of School District (if in a public school district): \_\_\_\_\_

Name of High School: \_\_\_\_\_ City or County: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Last Name: \_\_\_\_\_

SAT Verbal Score: \_\_\_\_\_ SAT Math Score: \_\_\_\_\_ SAT Writing Score: \_\_\_\_\_

Date SAT Taken: \_\_\_\_\_

ACT English Score: \_\_\_\_\_ ACT Math Score: \_\_\_\_\_

ACT Reading Score: \_\_\_\_\_ ACT Science Score: \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_ Date ACT Taken: \_\_\_\_\_

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Extracurricular School Activities (Attach Additional Resume' or List if needed):

Community Activities (Attach Additional Resume' or List if needed):

**Medical Information:**

Have you taken or been scheduled to take you Academy medical exam (scheduled by DODMERB)? \_\_\_ YES \_\_\_ NO If Yes, when? \_\_\_\_\_

Last Name: \_\_\_\_\_

Have you taken or been scheduled to take your Physical Aptitude Exam?

\_\_\_\_ YES \_\_\_\_ NO If Yes, when? \_\_\_\_\_

The following are common conditions that may cause an Academy to require you to obtain a waiver for admission. Please answer each question:

Do you wear corrective eyewear? \_\_\_\_ YES \_\_\_\_ NO

Have you had corrective laser eye surgery? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been diagnosed with asthma, hay fever, or allergies? \_\_\_\_ YES \_\_\_\_ NO

If Yes, Explain:

Have you had surgery or broken bones in last ten years? \_\_\_\_ YES \_\_\_\_ NO

If Yes, Explain:

Have you ever been diagnosed with ADD or ADHD? \_\_\_\_ YES \_\_\_\_ NO

If Yes, are you currently taking medication or ever taken medication? \_\_\_\_ YES \_\_\_\_ NO

If Yes, Please Explain:

Have you ever had a Tattoo? \_\_\_\_ YES \_\_\_\_ NO

Have you ever had seizures or convulsions? \_\_\_\_ YES \_\_\_\_ NO

Last Name: \_\_\_\_\_

**Criminal Information:**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do NOT include speeding, parking, or traffic violations for which you did not receive points

If Yes, Please Explain:

**References:**

For this application, you are required to submit three (3) letters of recommendation. These cannot be from relatives and at least one must be from a non-school source. Please list the references you will have submit letters below and submit the letters as soon as you receive them (no later than November 1, 2013).

Reference # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference # 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference # 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

**High School Transcript:**

For this application, you will be required to submit your high school transcript (through 6 semesters). Please submit no later than November 1, 2013.

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I (print name) \_\_\_\_\_, have read and given all information requested. I have answered all questions truthfully and to the best of my knowledge. I understand that any false information could result in me not getting a nomination. I also understand that filling out an application does not guarantee me a nomination.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_