

U.S. SERVICE ACADEMY NOMINATION APPLICATION

HAND-WRITTEN APPLICATIONS WILL NOT BE ACCEPTED PLEASE USE FILLABLE FORM

Full Legal Name:First	Middle		Last	
Birth Date:/ Age: B	irth Place:	City		State
Home Phone Number:	Ce	ell Phone Number: _		
E-mail Address (ALL NOTIFICATIONS WILL BE SENT	Γ VIA EMAIL):			
Permanent Address:				
	Street			
City Temporary Address (if living away from home):	State	Zip		
Phone Number:			<u>-</u>	7in
	City		•	Zip
Father's/Guardian's Name:		Phone:		
Address:				
Street		City		Zip
Father's/Guardian's Occupation:				
Employer:				
Mother's / Guardian's Name:		Phone		
Address (if different from above):				
	Street		City	Zip
Mother's/Guardian's Occupation:				
Employer:				
Are you currently active in JROTC? Yes	No			
If yes, how long? Rank				
Awards, commendations, medals?				

your preference for each below unless you have b you do not receive a non	ervice Academies you are actively seeking to attend. IT IS VERY IMPORTANT that you list academy (1st being first choice and 4 th being last choice). Please do not choose an academy egun <i>or "intend to begin</i> " the pre-candidate process at the Academy. Please be aware that if nination for your "1 st choice" Academy, you may receive a nomination to your 2 nd , 3 rd or 4th herefore be prepared to accept that nomination. Leave blank if you do not wish to receive a rular Academy.
Air Force	Military (West Point) Naval (Annapolis) Merchant Marine
Have you been contacte	d directly by an academy? Yes No
If yes, which academy(s	and by whom and why?
	What other sources are you currently seeking a nomination through? (It is in your best interest to request a nomination through all sources available to you) Senator Cory Gardner Senator Michael Bennet President Vice President
Have you <u>previously</u> rece	eived a nomination from any of the above sources or the Congressman Yes No
If yes, for what class ent	ry year? What were the results?
If yes, which academy:	te from one of the Service Academies? A career military officer? Service and what rank?
High School attended:	Year of Graduation:
High School Counselor:	GPA (Un-Weighted) Class Rank of
Phone Number:	Email:
Standardized Test Score	s: ACT COMPOSITE TOTAL: SAT TOTAL:
If yes, where?	educational institution beyond high school? Yes No

What book(s) are you currently reading?_____

SCHOOL ACTIVITIES

		Ye	ear						
Academic Distinction	9	10	11	12	Other Awards and/or	Honc	rs		
H.S. Honor Roll									_
National Honor Society Office Held:				_					_
AP or Honors Classes Academic awards or honors:				_	Service Clubs (i.e. 4H Club or Civil Air Patrol)				
				_					
		_			Awards or honors:				
Student Government Participation	9	10	11	12	Volunteer Wor	 ·k			
Student Council Office Held:			_	_			-		
Class President				_					-
Awards or honors:		_		_	Non-Profit Organizations			-	
				_					-
									-
Member School Clubs or				_	Scouting (list highest rank held and number of		-		
Organizations	9	10	11	12	merit badges ear	ned)			
JROTC				_					
Highest Level of Leadership Held					Awards or honors:				
Awards or honors:									
				_					
				_	Hobbies and				
				_	Interests:				_
Choir>									
Special Choir>									
Band>									
Special Band>				_					_
Drama>				_					
Speech and Debate>				_		9	10	11	12
Matchwitz Team>				_	Varsity Level Athletics				
Peer Tutoring>				_					
Peer Counseling>							_		
School Clubs (such as German Club)				_		- —	_		_
Position:				_	Non-School Sporting Activities		_		
Position:				_			_		_
Position:	_			_			_	_	_
Position:					Faith-Based Activities	. —	_		
Position:	_			_			_		_
Position:							_	_	_

WORK EXPERIENCES

If you a	are employed or have	been employed during school or beyo	nd, who is your employer?:	
What is	s your current position	n:		_
How m	any hours per week o	do you work: After school:	In the summer:	
Any otl	ner comments you mi	ght have about your work experience w	vhile in high school.	
(One statem	should be from you ent does not apply (\$	and addresses of the three individuals or counselor. If you are Submit letters from community leaders,	e home-schooled, or no longer	
1.				
		Phone:		
	City/Zip	FIIONE	······	
1.	Name:			
	Address:			
	City/Zip:	Phone:		
2.	Name:			
	City/Zip:	Phone:		
requirer Congre	ments as explained	n sheet explaining the nominating proc therein. I am aware that if I have olorado Springs District Office on or bef nation.	not submitted all of the neces	ssary documentation to
		onal District is my legal domicile. I also cer at I am eligible for nomination to a United S		d meet all of the Service
SIGNE	D:	D	OATE:	
		and all attachments to:		

Congressman Doug Lamborn Attn: Elizabeth Tapia 1125 Kelly Johnson Blvd., Suite 330 Colorado Springs, CO 80920

Main Line: (719) 520-0055 Phone - (719) 355-7565
Fax - (719) 520-0840
Email to: elizabeth.tapia@mail.house.gov