

for...

Office of Representative Pete Aguilar Service Academy Congressional Nomination Application

Please select the academy/academies you have applied to and are seeking a nomination

Service Academy Nominations

Please Return Completed Forms to:

Office of Representative Pete Aguilar 685 East Carnegie Drive, Suite 100 San Bernardino, CA 92408

Academy Information

| ○ Military ○ Naval ○ Air Force | Merchant Mari | ne | | |
|--|---|--|------------------------------|-------------------------|
| Do you have a pre-candidate file open at a | any academy? o | Yes ○No | | |
| If yes, to which academy | | When did you apply? | | |
| Please select any other sources for a nomi | nation to which | you have already applied | | |
| ○President ○Vice President ○ State Ser | nator | O State Senator | | _ |
| 7 | | | | |
| Personal Information | tion | | | |
| | | | | |
| • General | | | | |
| Applicant's Legal Name | last (family) | first (given) | middle | suffix |
| Home Address | | | | |
| Mailing Address (if different) | | | | |
| | | | | |
| Main Telephone # | | | | |
| Social Security Number | number | Gender | M / F | |
| Date of Birth | MM / DD / VVVV | Email | amail addraec | |
| Academy/Academies of Interest (Please rank in | | | | |
| apply for.) 1) 3) | | <u>2)</u> | | |
| Survey (This does not affect your admissions pr specific as possible (e.g., A visit to a campus, co | ospect): How did yo ntact with a current | ou become interested in applying to cadet, recruiter, parent, instructor, | o this/these academy/setc.). | academies? Please be as |

| Have you applied to this/these academy/acad | demies before? Yes / No | Which academy/a | cademies | What Year? |
|---|--------------------------------|--------------------------|----------------------|---------------------|
| II • Family | | | | |
| ather's Legal Name | | | | O Living O Deceased |
| | last (family) | first (given) | middle | 5 5 |
| ast/Current Employer | | | Occupation | 1 |
| | employer | city, state | | |
| Mother's Legal Name | | | | O Living O Deceased |
| Total B Logar I value | last (family) | first (given) | middle | December |
| ast/Current Employer | | | occupation | |
| sast Carront Emproyer | employer | city, state | occupation | |
| egal guardian, if other than parent | | | | |
| ogur gauranan, ir outer than parent | name | relationship | | |
| rimary language spoken in your home | | Other languages sp | oken in vour home | |
| ······································ | | ····· | | |
| f you have any relatives who have attended | a military academy nlease lis | t name, academy, year of | oraduation degree a | nd relationshin |
| o you. | a initiary academy, prease its | t mame, academy, year or | gradation, degree, a | na relationship |
| | | | | |

III • Schools Attended

| Present | most | recent | scl | iool |
|---------|------|--------|-----|------|
|---------|------|--------|-----|------|

| Name | Principal/Head of School | | | |
|--|--------------------------------|--------------------------------|--------------|-------------------|
| Address | | city | | |
| Entrance Date | | | | zip / postal code |
| | Month / Year | | Month / Year | |
| Grade Point Average (GPA) | | Rank in Class | <u>of</u> | students |
| Previous secondary school(s) attended (bet | ween grades 9 and 12) | | | |
| Name | | | | |
| Location | city | state / country | | |
| Entrance Date | eny | · | Month / Year | |
| Name | | | | |
| Location | aits: | eteta l'equater | | |
| | | | | |
| Entrance Date | Month / Year | | Month / Year | |
| Scholastic Assessment Test (SAT I) yerbal writing | date | | | date |
| | | | | |
| | | | | |
| American College Testing (ACT) Assessment English math reading reasoning comp | ent Program Test | | | |
| | | | | |
| | | | | |
| | | | | |
| V • Additional Testing (option List any other tests you have taken such as America), AIME, Fermat, PSAT, GCSEs, on the control of the control | Advanced Placement, Internatio | clude dates and scores receive | | ation of |
| | | | | |
| ** Please enclose your sealed office | rial high school transcrir | its here ** | | |

Service Academy Nominations Personal Commentary

Please Return Completed Forms to:

Office of Representative Pete Aguilar 685 East Carnegie Drive, Suite 100 San Bernardino, CA 92408

I • Applicant Information

| Applicant's Legal Name | 1 (6 21) | | | or or |
|--|-------------------------------|-----------------------|------------------------------|--------------------------|
| 0.110 | last (family) | first (given) | middle | suffix |
| Social Security Number | number | Date of Birth | MM / DD / YYYY | |
| | | | | |
| II • General | | | | |
| Dl li-t hi-hhl fth | T., 1' | 1 D1 4 II | I | |
| Please list your high school program for the curr | second term / second semester | ed Placement, Hono | third term (if applic | able) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| If you have taken or are taking courses at a colle | ege or university, please lis | st them. | | |
| dates of attendance | institution | courses | grades received | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please list any summer programs in which you hates of attendance | nave participated during hi | gh school (other than | n those you may have listed | above). |
| dates of attendance | institution | courses | grades received | |
| | | | | |
| | | | | |
| | | | | |
| If you attend school in the United States and any | y part of your education (fi | rom elementary scho | ol onward) has taken nlace | outside the |
| United States, please list: | | tom elementary seno | | |
| dates of attendance | institution | country | language of instruct | ion |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Have you ever incurred serious disciplinary acti- | | nissed, or placed on | probation from school, or b | een away from school |
| for any length of time other than school vacation | ıs? | O Yes O No | If yes, please explain on a | separate sheet. |
| | | | 3 /1 1 | 1 |
| Are you graduating early or without a diploma? | | | | |
| | | | If yes, please explain on a | separate sheet. |
| | | | | |
| If you have been out of school for more than thr | ee months during any acad | demic year, please st | ate on a separate page reaso | ons for your absence and |
| how you have been occupied. | | | | |

III • Activities, Awards, and Employment

| In the <u>order of importance to you</u> , please list you academic or extracurricular honors or awards re format rather than submit a resume. | ur major extracurricular pursui ceived while in high school. I | its (personal, school, religious, f you choose to attach a word- | athletic, community, etc.) and any processed list, we ask that you use this |
|--|---|--|---|
| activity | grade (9.10.11.12) | hours per week / weeks per year | offices held / awards received please include the grades |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please use the space below to list any employmen | nt experience | | |
| Please use the space below to list any employment position | | dates | hours per week |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| IV • Essay On a separate sheet, please insert a typed essay explaining why you would like to attend a United S date of birth at the top of the page. | tates Service Academy. Please include your name and |
|--|---|
| We ask that you limit your response to about 500 words of text, single-spaced. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Applicant's Signature I declare that this essay is my own work, and that all the information in my application (both Form correct, and honestly presented. I am a citizen of the United States, or I will have attained citizensl resident of California's 31st Congressional District. | |
| signature date | |
| name (please print) email | |
| | |
| | |

Service Academy Nominations

Please Return Completed Forms to: Office of Representative Pete Aguilar 685 East Carnegie Drive, Suite 100

San Bernardino, CA 92408

Teacher Recommendation

I • Applicant Information

| 1 applicant information | • | | | |
|--|------------------------------------|--|---|---------------------------------|
| Applicant's Legal Name | last (family) | first (given) | middle | suffix |
| Home Address | | | | |
| School Name | number and street | city | state / country | zip / postal code |
| | | | | |
| School Address | number and street | city | state / country | zip / postal code |
| II • Confidentiality Under the provisions of the Family Ededucational records. You may waive right of access will have no bearing of I waive I do not waive In | your right of access to this recon | mendation if you so choo | se. Your decision to waive | or not to waive your |
| Applicant's Signature | | Date | | |
| Instructions to the Teacher: The stuestimate of the applicant's academic precommending the applicant. We are | performance, intellectual promise | s, and personal qualities with simportant for us to know | ill greatly help the Selection about the applicant. Thank | Committee in you for your help. |
| Teacher's Name | | Email Address (optional |) | |
| School | | Department | | |
| How long have you known the applica | ant? | | | |
| In what context, if any, have you know | wn the applicant outside of the cl | assroom? | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Teacher's Signature | | | | |

Service Academy Nominations

Please Return Completed Forms to:

Office of Representative Pete Aguilar 685 East Carnegie Drive, Suite 100 San Bernardino, CA 92408

Teacher Recommendation

| Applicant's Legal Name | | | | |
|--|------------------------------------|-----------------------------------|---------------------------|-----------------------|
| - | last (family) | first (given) | middle | suffix |
| Home Address | | | | |
| | | | state / country | zip / postal code |
| School Name | | | | |
| School Address | | | | |
| School Address | number and street | city | state / country | zip / postal code |
| | | | | |
| II • Confidentiality | | | | |
| Under the provisions of the Family Ed | | | | |
| educational records. You may waive | | | | |
| right of access will have no bearing or | the handling of your application | n. You <i>must</i> sign your name | below after checking the | appropriate response. |
| ◯ I waive ◯ I do not waive n | ny right to access this report. | | | |
| | | | | |
| Applicant's Signature | | Date | | |
| Appricant s Signature | | Date | | |
| | | | | |
| Instructions to the Teacher: The structions to the applicant's academic p | | | | |
| recommending the applicant. We are | | | | |
| | • | - | | |
| Please return t | he completed form in a sealed en | nvelope with a letter of recor | nmendation for the studer | nt. |
| | | | | |
| Teacher's Name | | Email Address (optional) | | |
| | | | | |
| School | | Department | | |
| How long have you known the applies | nnt? | | | |
| How long have you known the applica | ant: | | | |
| In what context, if any, have you know | vn the applicant outside of the cl | assroom? | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · | | |
| | | | | |
| | | | | |

Service Academy Nominations Interview Information Form

Please Return Completed Forms to:

Office of Representative Pete Aguilar 685 East Carnegie Drive, Suite 100 San Bernardino, CA 92408

All academy applicants from the 31st Congressional District must interview with Representative Pete Aguilar's Service Academy Selection Committee in order to be considered for a nomination.

- 1. You will be contacted for an interview after your application is reviewed and you are deemed qualified for a nomination.
- 2. Interviews are approximately 30 minutes long.
- 3. Interviews will be held before a board of four to six committee members.
- 4. The purpose of the Selection Committee is to assess a candidate's qualifications, desire and preparedness for study at a Service Academy.
- 5. Dress is professional.