



Office of Representative Pete Aguilar  
Service Academy Congressional Nomination Application

Service Academy Nominations

# 1 Academy Information

Please Return Completed Forms to:

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

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

☐ Military ☐ Naval ☐ Air Force ☐ Merchant Marine

Do you have a pre-candidate file open at any academy? ☐ Yes ☐ No

If yes, to which academy \_\_\_\_\_ When did you apply? \_\_\_\_\_

Please select any other sources for a nomination to which you have already applied

☐ President ☐ Vice President ☐ State Senator \_\_\_\_\_ ☐ State Senator \_\_\_\_\_

# 2 Personal Information

## I • General

Applicant's Legal Name \_\_\_\_\_  
last (family) first (given) middle suffix

Home Address \_\_\_\_\_  
number and street city state / country zip / postal code

Mailing Address (if different) \_\_\_\_\_  
number and street city state / country zip / postal code

Main Telephone # \_\_\_\_\_ Additional Telephone # \_\_\_\_\_  
(area code) number (area code) number

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_  
number M / F

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
MM / DD / YYYY email address

Academy/Academies of Interest (Please rank in order from greatest to least interest. Please only list the academy/academies you intend to apply for.) 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

**Survey** (This does not affect your admissions prospect): How did you become interested in applying to this/these academy/academies? Please be as specific as possible (e.g., A visit to a campus, contact with a current cadet, recruiter, parent, instructor, etc.).

Have you applied to this/these academy/academies before? Yes / No

Which academy/academies \_\_\_\_\_ What Year? \_\_\_\_\_

## II • Family

Father's Legal Name \_\_\_\_\_ ☐ Living ☐ Deceased  
last (family) first (given) middle

Last/Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
employer city, state

Mother's Legal Name \_\_\_\_\_ ☐ Living ☐ Deceased  
last (family) first (given) middle

Last/Current Employer \_\_\_\_\_ occupation \_\_\_\_\_  
employer city, state

Legal guardian, if other than parent \_\_\_\_\_  
name relationship

Primary language spoken in your home \_\_\_\_\_ Other languages spoken in your home \_\_\_\_\_

If you have any relatives who have attended a military academy, please list name, academy, year of graduation, degree, and relationship to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Present/most recent school

Address \_\_\_\_\_  
 \_\_\_\_\_ number and street \_\_\_\_\_ city \_\_\_\_\_ state / country \_\_\_\_\_ zip / postal code \_\_\_\_\_

Grade Point Average (GPA) \_\_\_\_\_ Rank in Class \_\_\_\_\_ of \_\_\_\_\_ students \_\_\_\_\_

Location \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state / country \_\_\_\_\_

Location \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state / country \_\_\_\_\_

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Form 1 – Page 2 of 2

# 3 Service Academy Nominations Personal Commentary

Please Return Completed Forms to:  
Office of Representative Pete Aguilar  
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San Bernardino, CA 92408

## I • Applicant Information

Applicant's Legal Name .....  
last (family) first (given) middle suffix  
Social Security Number ..... Date of Birth .....  
number MM / DD / YYYY

## II • General

Please list your high school program for the current year. Indicate Advanced Placement, Honors, International Baccalaureate courses, etc. if any.

first term / semester second term / second semester third term (if applicable)  
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If you have taken or are taking courses at a college or university, please list them.

dates of attendance institution courses grades received  
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.....

Please list any summer programs in which you have participated during high school (other than those you may have listed above).

dates of attendance institution courses grades received  
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.....  
.....

If you attend school in the United States and any part of your education (from elementary school onward) has taken place outside the United States, please list:

dates of attendance institution country language of instruction  
.....  
.....  
.....

Have you ever incurred serious disciplinary action or been suspended, dismissed, or placed on probation from school, or been away from school for any length of time other than school vacations?

☐ Yes ☐ No If yes, please explain on a separate sheet.

Are you graduating early or without a diploma?

☐ Yes ☐ No If yes, please explain on a separate sheet.

If you have been out of school for more than three months during any academic year, please state on a separate page reasons for your absence and how you have been occupied.

In the *order of importance to you*, please list your major extracurricular pursuits (personal, school, religious, athletic, community, etc.) and any academic or extracurricular honors or awards received while in high school. If you choose to attach a word-processed list, we ask that you use this format rather than submit a resume.

[illegible][illegible]

## IV • Essay

On a separate sheet, please insert a typed essay explaining why you would like to attend a United States Service Academy. Please include your name and date of birth at the top of the page.

*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 Forms 1 and 2) is, to the best of my knowledge, correct, and honestly presented. I am a citizen of the United States, or I will have attained citizenship before I enter the Academy. I am a legal resident of California's 31<sup>st</sup> Congressional District.

-----  
signature

-----  
date

-----  
name (please print)

-----  
email

# 4

## Service Academy Nominations

### Teacher Recommendation

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 .....  
last (family) first (given) middle suffix

Home Address .....  
number and street city state / country zip / postal code

School Name .....

School Address .....  
number and street city state / country zip / postal code

#### II • Confidentiality

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records. You may waive your right of access to this recommendation if you so choose. Your decision to waive or not to waive your right of access will have no bearing on the handling of your application. You *must* sign your name below after checking the appropriate response.

☐ I waive ☐ I do not waive my right to access this report.

Applicant's Signature ..... Date .....

**Instructions to the Teacher:** The student whose name appears above is applying for a Service Academy Congressional nomination. Your candid estimate of the applicant's academic performance, intellectual promise, and personal qualities will greatly help the Selection Committee in recommending the applicant. We are interested in whatever you feel is important for us to know about the applicant. Thank you for your help.

Please return the completed form in a sealed envelope with a letter of recommendation for the student.

Teacher's Name ..... Email Address (optional) .....

School ..... Department .....

How long have you known the applicant? .....

In what context, if any, have you known the applicant outside of the classroom? .....

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Teacher's Signature





## Service Academy Nominations

# 4 Teacher Recommendation

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### I • Applicant Information

Applicant's Legal Name .....  
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Home Address .....  
number and street city state / country zip / postal code

School Name .....

School Address .....  
number and street city state / country zip / postal code

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Applicant's Signature ..... Date .....

**Instructions to the Teacher:** The student whose name appears above is applying for a Service Academy Congressional nomination. Your candid estimate of the applicant's academic performance, intellectual promise, and personal qualities will greatly help the Selection Committee in recommending the applicant. We are interested in whatever you feel is important for us to know about the applicant. Thank you for your help.

Please return the completed form in a sealed envelope with a letter of recommendation for the student.

Teacher's Name ..... Email Address (optional) .....

School ..... Department .....

How long have you known the applicant? .....

In what context, if any, have you known the applicant outside of the classroom? .....

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Teacher's Signature .....



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# 5 Service Academy Nominations

## Interview Information Form

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**Please Return Completed Forms to:**  
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All academy applicants from the 33<sup>rd</sup> 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.

