



# Heather Wilson

U.S. Congresswoman  
Representing New Mexico's First District

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## *Service Academy Nomination Application*

*Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative Heather Wilson, her staff, her Service Academy Review Board, the Academy Admission Office, and the media.*

Please print clearly or type the following information:

### I. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Suffix: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City : \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Second Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Temporary Address: \_\_\_\_\_

City : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Male      Female

Race (Optional. For statistical purposes only):

White (Non-Hispanic or Latino)      Black or African American (Non-Hispanic or Latino)

Asian      Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native      Hispanic or Latino

Two or more races      Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Will you be 17 but not yet 23 years of age by July 1 of the year you are admitted?

Yes       No

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

Legal Guardian (if applicable): \_\_\_\_\_

Are you applying for a nomination from any other source? [ ] Yes [ ] No

Whom? \_\_\_ President \_\_\_ Vice President \_\_\_ Sen. Domenici \_\_\_ Sen. Bingamam

Other \_\_\_\_\_

*It is in your best interest to request a nomination through all sources available to you. If your father or mother is active duty military, retired military, or was killed in action, you may be eligible for a Presidential or Vice Presidential nomination. Please consult the Service Academy Information Sheet for applicable addresses.*

Will you be a United States' citizen at the time of enrollment? [ ] Yes [ ] No

Are you a resident of the First Congressional District of New Mexico? [ ] Yes [ ] No

Have you applied for a nomination in a previous year? [ ] Yes [ ] No

## II. Academy Preferences

Please rank each of the Academies in your order of preference for attendance, with one being your first choice. Rank only the Academies you will attend if admitted.

\_\_\_\_\_ Air Force \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Merchant Marine

Have you been contacted directly by an Academy? [ ] Yes [ ] No

If yes, which Academy and who contacted you? \_\_\_\_\_

## III. Academic Qualifications

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

Mailing Address: \_\_\_\_\_

Principal: \_\_\_\_\_ Counselor: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Test Scores: SAT Verbal \_\_\_\_\_

SAT Math \_\_\_\_\_

Or

ACT English \_\_\_\_\_

ACT Math \_\_\_\_\_

ACT Reading \_\_\_\_\_

ACT Science/Reasoning \_\_\_\_\_

Are you rescheduled to re-take any of your tests? \_\_\_\_\_ Date(s): \_\_\_\_\_

High School Class Rank \_\_\_\_\_ out of \_\_\_\_\_ class size.

*If your school does not rank, please estimate.*

Class Percentile: Top      1%    5%    10%    25%    50%

Grade Point Average (GPA): \_\_\_\_\_ Grade Scale Used: \_\_\_\_\_

*Grade Point Average, Scale, Class Rank and Size must be included on your high school transcript.*

*Submit college entrance examination board scores – ACT and/ or SAT and High School/ College transcripts.  
ACT/SAT scores reported on your official certified transcript are acceptable.*

College Attended (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Major: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Advanced Placement Courses Taken and AP Score:

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Academic Awards or Special Achievements:

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Any additional explanations concerning your transcript or test scores you want the interview panel to know? \_\_\_\_\_

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#### IV. Athletic Activities

*Grades 9-12 and college (if applicable)*

Sport	Years in Sport	Number of Varsity Letters	Years as Captain or Co-Captain	Years Receiving Special Recognition

Athletic Awards or Special Achievement:

Have you been in contact with athletic coaches or staff at any Academy? [ ] Yes [ ] No  
If so:

<u>Academy</u>	<u>Sport</u>	<u>Coach/Contact Name</u>	<u>Telephone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Non-Athletic Activities**

<u>Have you been:</u>	<u>Number of years grades 9-12</u>
Class President	_____
Class Officer	_____
Student Body Officer	_____
JROTC Detachment Commander	_____
JROTC Member	_____
Officer of a School Club	_____
Boys/Girls State	_____
Boys/Girls Nation	_____
National Honor Society	_____
Eagle Scout/Gold Award	_____
Boy/Girl Scout Member	_____
Civil Air Patrol Member	_____
Civil Air Patrol Detachment Officer	_____
4-H/FFA Member	_____
4-H/FFA Club Officer	_____
Other Officer Non-School Club	_____
Editor School Publication	_____
Drama/Speech/Debate Club Member	_____
School Band/Chorus	_____

List other non-athletic extracurricular activities and leadership positions:

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

Non-athletic awards or special achievements:

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



## **IX. Privacy Statement**

**I have read the Privacy Act Statement. The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all of the items on the application check-list. I further understand that Representative Wilson's Albuquerque Office must be in receipt of all application materials no later than 5:00 p.m., Friday, October 14, 2006.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Return your completed application to:  
Carri Phillis  
Representative Heather Wilson  
20 First Plaza NW, Suite 603  
Albuquerque, NM 87102**