

Application for Nomination to United States Service Academy Class of 2023

Congressman Larry Bucshon, MD

420 Main Street, Suite 1402 Evansville, IN 47708 Phone: (812) 465-6484 Fax: (812) 422-4761

Please complete and return this form by <u>Friday, October 5, 2018</u>. Type or print neatly in black ink. Fill out all information completely. Any missing information may adversely affect your chances for nomination.

PERSONAL INFORMATION:

| Full Name (Last, First, Middle): | | | Today's Date: | | | |
|---|----------|---------|---------------|------|--|--|
| Date of Birth: | | Place o | of Birth: | | | |
| Name of Parents: | | | | | | |
| Permanent Mailing Address:_ | | | | | | |
| City: | _County: | | _State: | Zip: | | |
| Phone Number: | | Email: | | | | |
| Temporary Address (If different from above): | | | | | | |
| Social Security Number: | | | | | | |
| Are you a United States citizen? (Please circle one) Yes / No | | | | | | |
| SCHOOL INFORMATION: | | | | | | |
| High School: | | | | | | |
| School Address: | | | | | | |
| School Principal or Academic Dean: | | | | | | |
| Date of Graduation: | | | | | | |
| Name and Address of Colleges Attended (if applicable): | | | | | | |
| | | | | | | |

ACADEMIC HISTORY AND ACCOMPLISHMENTS:

| Latest cumulative grade point average: | | on a scale of: | | |
|--|---|-----------------------|----------------------|--------------------|
| Rank in class: | in a class of: _ | (#of students) as of(| | (date) |
| SAT Scores: | | | | |
| Verbal: | Math: | Writing: | Date Taken: | |
| ACT Scores: | | | | |
| Math: | Reading: | Science: | Writ | ing: |
| Composite: | | Date Taken: | | |
| | o take both tests, but you nores, student rank, and GPA | - | • | |
| | DNORS: Please answer all aper if necessary): | questions complet | tely (You may attach | resume or use |
| | | | | |
| | | | | |
| | D EXTRACURRICULAR A (e or use another sheet of p | • | - | participation. You |
| | | | | |
| | | | | |
| | FIVITIES: (Please indicate eet of paper if necessary): | duration and hour | rs per week. You ma | y attach resume |
| | | | | |
| | | | | |
| | NCE: (Please indicate durat | tion and hours per | week. You may atta | ch resume or use |
| | | | | |
| | | | | |
| | | | | |

| MILITARY EXPERIENCE (e.g. JROTC or Civil Air Patr | ol. You may attach resume or use another |
|--|---|
| sheet of paper if necessary): | |
| | |
| | |
| - | |
| | |
| ESSAY: | |
| In 300 words or less, on a separate sheet, describe w | hy you wish to attend a service academy. |
| ACADEMY INFORMATION: (Rank academies, for which you submitted an appli | <i>cation,</i> 1-4 according to your preference) |
| U.S. Air Force Academy: | U.S. Merchant Marine Academy: |
| U.S. Naval Academy: | U.S. Military Academy (West Point): |
| An appointment to the Service Academies is based or of military service and implies recognition by the application devote him/herself to a military career. Are you intercircle one) Yes / No | pointee of an obligation to the government to |
| I certify that I am a legal resident of the state of India have not submitted all the necessary data to the Offic 5th, 2018, I understand that my application may not | ce of Congressman Larry Bucshon by <u>October</u> |
| Signature: | Date: |
| | |
| | |

Please return this application and all additional documents no later than **Friday, October 5, 2018** to:

Congressman Larry Bucshon, MD
Attn: Service Academy Coordinator
420 Main Street
Suite 1402
Evansville, IN 47708
or email a PDF to
Erin.Lucas@mail.house.gov