

Service Academy Congressional Nomination Application Packet Checklist

- ✓ Completed Application
- ✓ 2 Letters of Recommendation
- \checkmark Service Academy Academic Recommendation Form
- ✓ 1 Page Personal Statement Outlining Interest in Entering a Service Academy
- ✓ Recent Photo
- ✓ Official Copy of High School Transcript
- ✓ Official Copy of ACT or SAT Score, with Writing Component

2022 Service Academy Nominations Schedule

Friday, November 4, 2022 Application Submission Deadline

Please Mail All Application Materials to:

Congressman Markwayne Mullin Attn: William Barnes 1 E. Choctaw, Suite 175 McAlester, OK 74501 Contact Number: (918) 423-5951

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY NOVEMBER 4, 2022. NO EXCEPTIONS.



Service Academy Congressional Nomination Application

I. General	

Full Name:				SSN:	
Last	First	Middle	Suffix		
Home Address in the 2 nd	District:				
	-	Number and Street		City, State	Zip Code
Mailing Address (if differ	ent):				
Mailing Address (if differ	,	Number and Street		City, State	Zip Code
Home Phone:		Cell Pho	one:		
		D			
Place of Birth:		Da	ate of Birth	1:	
Email Address:					
Academy Preferences (I priority)					
1		2			
3		4			
II. Family					
Father's Legal Name:			Phone N	umber:	
Mother's Legal Name:			Phone N	umber:	
Legal Guardian, if other	than pare	nt:			



III. Academic Information Name of High School:	Graduation Year:
School Address:	
School Counselor:	Counselor's Phone Number:
GPA:	Class Rank:
If you have taken or are taking a please list them below:	Honors/AP classes, or courses at a college or university,

IV. Activities and Awards

Activity	Description of activity, accomplishments, offices held, awards, etc.	Year(s)



V. Nomination

If also seeking a nomination through another office, please list below:

VI. Signature

I certify that I am a legal resident of the Second Congressional District of Oklahoma and that all information provided is accurate. I understand that the deadline for application is on or before November 4, 2022.

Signature

Date



Service Academy Recommendation Form FORM MUST BE COMPLETED BY A SCHOOL COUNSELOR OR TEACHER

Note: This recommendation form is completely confidential. Please place completed form in an envelope and seal.

Name o	of A	Appl i	icant:
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Year in School:

abilities:	Excellent	Good	Fair	Poor
Leadership				
Characteristics				
Personality Traits				
Ability to get along with and work well with others				
Ability to work under pressure				
Ability to take criticism				
Attendance, punctuality and dependability				
Overall assessment of				
candidate				
candidate Iditional Academic Criteria (ma onors Classes	-	1 0/	Other_	
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