US Service Academy Nomination Applicant Checklist

North Carolina’s Eleventh Congressional District

1. _____ Application Form: complete application form and attach photograph.

2. _____ Two Recommendation Forms: send in completed and sealed with signature over sealed envelope flap.

3. _____ Academic:
   - _____ Sealed official transcript: (from all high schools, community colleges, or colleges you have attended prior to October 31, 2022)
   - _____ Class rank: (must be on your transcript)
   - _____ Official SAT and/or ACT Scores: (If your transcript does not include your SAT and/or ACT scores)

4. _____ Deadline: completed nomination application packet must be postmarked or date-stamped (if sent electronically) no later than October 31, 2022. No exceptions.

Mail all required forms and information:

North Carolina’s Eleventh Congressional District

200 North Grove St., Suite 121
Hendersonville, NC 28792
Attn: Brianna McMinn

Questions? The applicant may contact Brianna McMinn by e-mail at Brianna.mcminn@mail.house.gov or by phone at 828-435-7310
Application for Nomination to US Service Academies

North Carolina’s Eleventh Congressional District

200 North Grove St., Suite 121 · Hendersonville, NC 28792 · Office: (828) 435-7310

I. Personal Information

Name: ______________________________________________________________ (last). (first) (middle)

Preferred name (if different from first name): ____________________________________________________________

Date of birth: __________________________ Social Security Number: __________________________

Permanent Address: ___________________________________________________________________________________

Temporary Address (if applicable): ___________________________________________________________________________________

Home Phone: ____________________________ Mobile Phone: ____________________________
E-mail Address: ____________________________ Are you a US Citizen? Y / N
Are you or your parents/guardian’s legal residents of the 11th Congressional District of NC? Y / N
Father’s name: ________________________________________________________________________________

Father’s Address: ________________________________________________________________________________

___________________________________________________________

Father’s Employer: ____________________________ Work Number: ____________________________

Mother’s Name: ________________________________________________________________________________

Mother’s Address: ________________________________________________________________________________

_________________________________________________________________________________________

Mother’s Employer: ____________________________ Work Number: ____________________________

Do you have any brothers and/or sisters? Y / N If so, list their names and ages:
Name & Age

________________________________
________________________________
________________________________
________________________________
________________________________
________________________________

II. Academy Preference:

Please rank the Academies in order of preference (1-4): **Must provide proof of application to each academy you are requesting a nomination for.**

_____ U.S. Air Force Academy
_____ U.S. Merchant Marine Academy
_____ U.S. Military Academy
_____ U.S. Naval Academy

*(If you do not mark an Academy, you will not be considered for that academy.)*

Have you applied for a Service Academy nomination to any other source, congressional or otherwise (for this year or a prior year)? Y / N If so, what was the result? _____________________________________________________

____________________________________________________________________________________

Please indicate all other Service Academy nomination sources to which you are applying:

_____ Senator Tillis _____ Senator Burr _____ JROTC _____ President _____ Vice President

If you are now in the military service, give branch of service: __________________________________________________________

rank: __________________________________________ length of service: ________________________________________________

III. School Information:

High School: _________________________________________________________________________

Address: ____________________________________________________________________________

Phone Number: __________________________________________________________________________

Graduation Year: __________________

College (if any): _______________________________________________________________________

Address: ____________________________________________________________________________

Phone Number: __________________________________________________________________________

Courses Taken: __________________
IV. Extracurricular Activities:

List any academic honor societies to which you belong and/or any academic awards you have received:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List any significant leadership positions you have held since entering ninth grade:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List any non-athletic/non-academic awards, achievements, prizes or accomplishments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List any organized sports in which you have participated since entering ninth grade, indicating varsity squad status for each, and letters or other awards received if any:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

*If no* organized sports participation, indicate *why not* and list physical activities in which you participate:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List your primary interests and hobbies:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
V. Essays:

Write a brief character sketch of yourself. Include your basic attributes and those qualities which you believe are your strengths:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Why do you want to attend a U.S. Service Academy?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Why do you believe you are qualified to be nominated?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
VI. Recommendation Forms:

- Have a teacher or coach who is not related to you complete the teacher/coach recommendation form with his/her signature across the sealed envelope flap.
- Have a person that knows you well, but is not related to you, complete the personal recommendation form with his/her signature across the sealed envelope flap.

VII. Academic Records:

- Mail a sealed official transcript from all high schools, community colleges, or colleges you have attended prior to October 31, 2022. The high school transcript must include your class rank.
- Official SAT scores if they are not noted on your official academic transcript.

VIII. Signature:

The following information on this form and any attachments or enclosures are true, complete, and correct to the best of my knowledge. I am a United States citizen or will be by the time I enter the Academy; at least 17 but not yet 23 years of age on July 1st of admission year to the Academy; unmarried, not pregnant, and am without legal obligation to support children or other dependents; and a permanent resident of the Eleventh Congressional District of the state of North Carolina.

I understand that the deadline for application is November 31, 2022. If I have not submitted all requested information by this deadline, I understand that my application will not be given consideration.

__________________________________________________ ______________________________
(signature) (date)

Please do NOT staple forms together or print on the backs of any pages. Use extra pages as necessary. Completed nomination application packets must be postmarked or date-stamped no later than October 31, 2022. No exceptions.

Mail all required forms and information:

North Carolina’s Eleventh Congressional District

200 North Grove St., Suite 121
Hendersonville NC 28792
Attn: Brianna McMinn

Please attach wallet size head and shoulder photograph of yourself here with tape or paper clip. No staples please.
US Service Academy Nomination

North Carolina’s Eleventh Congressional District

Personal Recommendation

This recommendation is for a person applying for a nomination to a U.S. Service Academy. The purpose of the service academies is to provide a college education leading to a career as a military officer. The answers you give will be used in the selection process. Please answer all questions on this form or in a letter of your own writing, place the completed form or letter in a sealed envelope, sign your name across the flap, and return to the applicant. Thank you for taking the time to complete this recommendation.

Name of Applicant: ________________________________________________________________

How long have you known the applicant and in what capacity? __________________________

________________________________________________________________________________

What do you consider the applicant’s talents or strengths to be with regard to leadership potential?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What do you consider the applicant’s weaknesses to be? _________________________________
________________________________________________________________________________

In your opinion, would the applicant be able to effectively take and follow orders from superior officers? ________________________________
________________________________________________________________________________

In your opinion, does the applicant show good character, moral values, and provide a good role model for younger students? ________________________________
________________________________________________________________________________
Do you know of any circumstances or conditions that would affect the applicant’s performance at a service academy? If yes, please explain. __________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does the applicant handle stressful situations? _________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have any reservations about recommending the applicant for a nomination? If yes, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please feel free to make any additional comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please print or type the following information:
Name: ________________________________________ Title: ________________________________
Relationship to Applicant: _______________________________________________________________
Address: ____________________________________________________________________________
Phone Number: _________________________________ Date: _________________________________
Your signature: ______________________________________________________________________

Please do not staple forms together or print on the backs of any pages. Questions? Please contact
Brianna McMinn by e-mail at Brianna.McMinn@mail.house.gov or by phone at 828-435-7310
US Service Academy Nomination

North Carolina’s Eleventh Congressional District

Teacher/Coach Recommendation: This recommendation is for a person applying for a nomination to a U.S. Service Academy. The purpose of the service academies is to provide a college education leading to a career as a military officer. The answers you give will be used in the selection process. Please answer all questions on this form or in a letter of your own writing, place the completed form or letter in a sealed envelope, sign your name across the flap, and return to the applicant. Thank you for taking the time to complete this recommendation.

Name of Applicant: ________________________________________________________________

How long have you known the applicant and in what capacity? _____________________________

What do you consider the applicant’s talents or strengths to be with regard to leadership potential?
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

What do you consider the applicant’s weaknesses to be?
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

In your opinion, would the applicant be able to effectively take and follow orders from superior officers?
_________________________________________________________

In your opinion, does the applicant show good character, moral values, and provide a good role model for younger students?
_________________________________________________________

North Carolina’s Eleventh Congressional District: Service Academy Nomination Application
Do you know of any circumstances or conditions that would affect the applicant’s performance at a service academy? If yes, please explain. ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How does the applicant handle stressful situations? __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have any reservations about recommending the applicant for a nomination? If yes, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please feel free to make any additional comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please print or type the following information:
Name: ________________________________________ Title: ________________________________
Name of School: ________________________________________________________________
Address of School: __________________________________________________________________
Phone Number: _________________________________ Date: _______________________________
Your signature: ______________

Please do not staple forms together or print on the backs of any pages. Questions? Please contact Brianna McMinn by e-mail at Brianna.mcminn@mail.house.gov or by phone at 828-435-7310