

**C O N G R E S S M A N   G L E N N   T H O M P S O N**  
**5TH Congressional District - Pennsylvania**

**ACADEMY NOMINATION APPLICATION**  
**(PLEASE PRINT/BLACK INK)**

FULL NAME \_\_\_\_\_ SSN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DOB \_\_\_\_\_  
(Area Code) (Mo) (Day) (Year)

CELL PHONE \_\_\_\_\_ E-Mail \_\_\_\_\_

GLASSES/CONTACTS Yes \_\_\_ No \_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City/State/Zip) (Township and County)

TEMPORARY ADDRESS IF AWAY FROM LEGAL  
RESIDENCE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
(Work Phone) (Occupation)

MOTHER'S NAME \_\_\_\_\_  
(Work Phone) (Occupation)

HIGH SCHOOL NAME \_\_\_\_\_  
(Counselor's Name) (Counselor's Phone)

HIGHEST SAT SCORES \_\_\_\_\_  
(Score Date) (Verbal Score) (Score Date) (Math Score) (Total)

HIGH SCHOOL GRADE POINT AVERAGE (GPA) \_\_\_\_\_ (CLASS RANK) \_\_\_\_\_

NAMES OF OTHER NOMINATING SOURCES CONTACTED \_\_\_\_\_

PLEASE INDICATE YOUR ACADEMY PREFERENCES: LIST IN NUMERICAL  
ORDER FIRST, SECOND, THIRD, AND FOURTH CHOICE

( ) U.S. AIR FORCE ACADEMY ( ) U.S. MERCHANT MARINE ACADEMY

( ) U.S. MILITARY ACADEMY ( ) U.S. NAVAL ACADEMY

Have you initiated a precandidate file with the academy/academies? \_\_\_ Yes \_\_\_ No  
**(If you have not initiated a precandidate file, please do so without delay)**

**NOMINATION APPLICATION**

NAME OF APPLICANT \_\_\_\_\_

ELECTED OR APPOINTED OFFICES (SCHOOL AND/OR COMMUNITY)

YEAR            OFFICE HELD            ACTIVITY AND RESPONSIBILITY

EXTRACURRICULAR PARTICIPATION (OTHER THAN LISTED ABOVE)

YEAR                      ACTIVITY                      RESPONSIBILITY

SPECIAL RECOGNITION AND AWARDS (NATIONAL HONOR SOCIETY, NATIONAL MERIT SCHOLARSHIP, EAGLE SCOUT, ETC)

ATHLETIC ACTIVITIES (SCHOOL AND/OR COMMUNITY)

SPORT                      YEARS                      NUMBER VARSITY                      SUCCESS ACHIEVED,  
PLAYED                      LETTERS EARNED                      POSITIONS HELD, AWARDS

**NOTE: Please add additional page/pages if necessary.**

**NOMINATION APPLICATION**

NAME OF APPLICANT \_\_\_\_\_

EMPLOYMENT HISTORY

<u>DATES</u>	<u>HOURS</u>	<u>NAME OF EMPLOYER AND</u>
<u>OF EMPLOYMENT</u>	<u>PER WEEK</u>	<u>DESCRIPTION OF DUTIES</u>

An evaluation is made of each applicant’s overall qualifications including scholastic and physical aptitude, leadership, motivation, evidence of medical fitness, and moral character. Therefore, please answer the following questions:

Are you aware of any medical condition that may affect your qualification?

\_\_\_\_NO (However, I will inform your office if any future medical problems arise that may affect my qualification.)

\_\_\_\_YES (If yes, please explain medical condition, date condition began, and information on any action taken to resolve the matter.) Please attach an additional page with explanation.

Have you ever been arrested, convicted, or fined for any law violation?

\_\_\_\_NO (However, I will inform your office if any future legal actions occur that may affect my qualification.)

\_\_\_\_YES (If yes, please explain incident, place of court, nature of offense, date and disposition of case.) Please attach an additional page with explanation.

**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

I certify that all statements made in this application are true and correct to the best of my knowledge and are made in good faith. I am aware that an appointment to an academy commits me to a service obligation to my country. I am a citizen of the United States and a resident of the 5th Congressional District of Pennsylvania.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please Return Form and Congressman Glenn Thompson, 3555 Benner Pike, Suite 101  
additional requirements to: Bellefonte, PA 16823 (814) 353-0215