



CONGRESSMAN BRETT GUTHRIE

2nd Congressional District of Kentucky

U.S. SERVICE ACADEMY NOMINATION APPLICATION

Section I – PERSONAL INFORMATION

NAME

FIRST

MIDDLE

LAST

PREFERRED NAME

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

COUNTY

CONTACT INFORMATION

HOME PHONE

CELL PHONE

ADDITIONAL PHONE

EMAIL

IDENTIFYING INFORMATION

SOCIAL SECURITY #

DATE OF BIRTH

GENDER

HIGH SCHOOL

DATE OF GRADUATION

PARENTAL/GUARDIAN INFORMATION

FATHER'S NAME

MOTHER'S NAME

(Parent's) STREET

CITY

STATE

ZIP

COUNTY

Section II – ACADEMY PREFERENCE

ACADEMY CHOICES

(Please number in order of preference the academies to which you have made application.)

___ **Air Force Academy** (at Colorado Springs)

___ **Naval Academy** (at Annapolis)

___ **Merchant Marine Academy** (at Kings Point)

___ **Military Academy** (at West Point)

___ **Willing to Attend Any Academy**

NOTE: In order for Congressman Guthrie to nominate to any Service Academy, YOU must already have made application directly with the Service Academy/ies of interest. A nomination through any authority **DOES NOT** guarantee acceptance into a service academy. Final acceptance into one of the U.S. Service Academies is made by the individual academy.



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2ND CONGRESSIONAL DISTRICT OF KENTUCKY

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Section III - CHECKLIST

To ensure proper completion of your file, please return this application with all the following items no later than November 16th of your senior year (or of the nominating year if already a high school graduate):

1. Completed application form
2. Personal and brief letter from you to Congressman Guthrie stating why you want to attend an academy
3. Minimum of **3** evaluation forms **required** from the following sources:
 - a. High School Counselor or Principal
 - b. High School Teacher
 - c. Supervisor of an extra-curricular activity in or outside school**The form is included on the next page. Please use this form rather than submitting a letter of recommendation.**
4. Current photograph
A good snap shot is sufficient.
5. List of extra-curricular activities inside or outside school (please specify any honors, awards, and leadership positions)
6. Official transcript of grades through junior year
7. Official rank in class to include total number in class
****Please have your guidance counselor contact my office at 270-842-9896 if your school does not use a class ranking system.****
8. SAT and/or ACT scores
9. Completed academy application process acknowledgement form

Failure to complete these requirements by November 16th of your senior or applying year (with the exception of test scores) will disqualify you from further consideration. Please be sure you are a **current and legal resident of the Second Congressional District of Kentucky**. For questions, please call 270-842-9896.

Section IV - SIGNATURE

AUTHORIZATION FOR RELEASE OF INFORMATION

If I am selected for an appointment by an academy and I am nominated to that academy by Congressman Guthrie, I hereby authorize Congressman Guthrie, and those acting on his behalf, to release my name as an appointee in press releases to any media outlet. I also affirm that the above information is accurate.

Signature (student): _____ Date: _____

Signature (parent/guardian – if applicant is a minor): _____

Section V - SUBMISSION

Once your application and packet are completed in entirety, please send or deliver it to the following address:

**Office of Congressman Brett Guthrie
Attn: Service Academy Coordinator
996 Wilkinson Trace, Suite B2
Bowling Green, KY 42103**

Once your completed application and packet have been received by Congressman Guthrie's office, you will receive a letter verifying receipt of your application. If you have any questions or concerns please contact Congressman Guthrie's Service Academy Coordinator, Matthew Leffler, at 270-842-9896 or Matthew.Leffler@mail.house.gov. Additionally, some of your questions may be answered in the "Frequently Asked Questions" document located on Congressman Guthrie's website: <http://guthrie.house.gov/service-academy-nominations/>.



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2nd Congressional District
of Kentucky

Academy Application Process Acknowledgement Form

Name of Applicant: _____

Service Academy(ies) Applying to: _____

- I acknowledge that the deadline to apply for a Congressional Nomination from Congressman Guthrie is **Friday, November 16th, 2018**. *Incomplete applications will not be considered after this date.*

Initial _____

- I acknowledge that in order for Congressman Guthrie to nominate me to any service academy, I must first make application directly with the Service Academy/ies of my interest, as well as adhere to their application deadlines and requirements.

Initial _____

- I acknowledge that in addition to completing Congressman Guthrie's nomination packet, that both U.S. Senators have their own separate applications with different requirements and deadlines. I understand that I must also contact their offices separately if I desire to apply for a nomination through their offices.

Initial _____

Please sign to acknowledge that you understand all of the above statements:

Applicant: _____

Signature

Date

Parent or Guardian: _____

Signature

Date



CONGRESSMAN BRETT GUTHRIE
2nd Congressional District
of Kentucky

U.S. SERVICE ACADEMY APPLICANT EVALUATION FORM

SECTION I - IDENTIFICATION AND BACKGROUND INFORMATION

NAME OF APPLICANT: _____
FIRST MIDDLE LAST

NAME OF EVALUATOR: _____
FIRST MIDDLE LAST

EVALUATOR'S ORGANIZATION AND TITLE: _____

EVALUATOR'S CONTACT INFORMATION: _____
PHONE EMAIL

BRIEFLY DESCRIBE YOUR RELATIONSHIP TO THIS APPLICANT: _____

HOW LONG HAVE YOU KNOWN THIS APPLICANT: _____

SECTION II - INSTRUCTIONS FOR EVALUATION

On a scale of 1-10, 10 being exceptional, 5 being average, and 1 being below average, please rate the applicant on each quality. *Please enter a "0" if you do not have an adequate relationship with the applicant to evaluate a particular quality.*

SECTION III - EVALUATION

- | | |
|--------------------------------|-------------------------------|
| 1. INTEGRITY: _____ | 4. PHYSICAL FITNESS: _____ |
| 2. SCHOLASTICS: _____ | 5. ORGANIZATION SKILLS: _____ |
| 3. LEADERSHIP POTENTIAL: _____ | 6. ORAL COMMUNICATION: _____ |

SECTION IV – ADDITIONAL COMMENTS

SECTION V - SUBMISSION

Once this evaluation form is completed, you may submit it directly to Congressman Guthrie's office using the address below, or you may return it to the applicant in a sealed envelope for them to include in their application packet. Your signature certifies that you have personally completed this form on behalf of the applicant.

Applications due by Nov. 16, 2018.

SIGNATURE OF EVALUATOR: _____ DATE: _____

Return Address:
Office of Congressman Brett Guthrie
Attn: Matthew Leffler, Service Academy Coordinator
996 Wilkinson Trace, Suite B2
Bowling Green, KY 42103