

# U.S. Congressman John R. Carter

31<sup>st</sup> Congressional District, Texas

## 2024 APPLICATION FOR U. S. SERVICE ACADEMY NOMINATION

(To be completed by the applicant ONLY. Please PRINT; do not handwrite.)

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NAME (Last, First, Middle)	Preferred Name	SSN
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PERMANENT 31 <sup>st</sup> DISTRICT RESIDENCE ADDRESS (Street, City, Zip)	COUNTY
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MAILING ADDRESS (Street, City, State, Zip) (if different from above)

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E-MAIL ADDRESS	HOME PHONE #	CELL PHONE #
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BIRTHDATE	PLACE OF BIRTH (City, State/Country)
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____	_____	<b>Are you a U.S. Citizen (Yes / No)?</b> ____
AGE	SEX (M/F)	<b>Are you a legal resident of the 31<sup>st</sup> District (Yes/No)?</b> ____

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FATHER'S or GUARDIAN'S NAME	TELEPHONE # (Day/Evening)
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ADDRESS (Street, City, Zip)	E-MAIL ADDRESS
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MOTHER'S OR GUARDIAN'S NAME	TELEPHONE # (Day/Evening)
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ADDRESS (Street, City, Zip) (if different from father's)	E-MAIL ADDRESS
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### ***Education***

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NAME OF HIGH SCHOOL	GRADUATION DATE
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ADDRESS (Street, City, Zip)	TELEPHONE #
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COUNSELOR E-MAIL ADDRESS	TELEPHONE #
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High School GPA: \_\_\_\_\_ (Please have your counselor convert this to the 4.0 scale).

Class Rank: \_\_\_\_\_ of \_\_\_\_\_ (Top \_\_\_\_\_ %)

Have you taken or are currently enrolled in (check all that apply): Honors Classes \_\_\_\_\_  
AP Classes \_\_\_\_\_ IB Program \_\_\_\_\_ Dual Credit Classes \_\_\_\_\_

Please indicate your academic status as of October 4, 2024:

- 1) High school senior \_\_\_\_\_ 2) Attending an Academy prep school \_\_\_\_\_
- 3) College (any classification) attending on a civil prep scholarship \_\_\_\_\_
- 4) College (any classification) \_\_\_\_\_ 5) Other \_\_\_\_\_

If you are a high school graduate, where are you currently attending:

COLLEGE/INSTITUTION

ADDRESS (Street, City, Zip)

TELEPHONE

Official College Transcript must be included with completed application.

COLLEGE HOURS COMPLETED: \_\_\_\_\_

COLLEGE GPA: \_\_\_\_\_

Member of the armed forces (ROTC, Natl. Guard, Reserves, Active Duty)? Yes/No \_\_\_\_\_

Location

Commanding Officer

Academy Preference(s)

(If you do not plan on pursuing nominations to more than one academy, do not select a 2nd, 3rd or 4th choice.)

Rank your 1st, 2nd, 3rd & 4th preference(s), if applicable.

Military (Army) \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Merchant Marine \_\_\_\_\_

You must open a pre-candidate file at any academy you are interested in.

To which academy(s) have you applied and when?

\*Please note that the U.S. Coast Guard Academy does not require a Congressional nomination.

You are highly encouraged to apply to other available nominating sources.

Check all other sources to which you are applying:

Senator Cornyn \_\_\_\_\_ Senator Cruz \_\_\_\_\_ Vice President \_\_\_\_\_ President\* \_\_\_\_\_

(\*A Presidential Nomination only applies to applicants who have a parent currently on active military duty or a parent retired from active duty.)

Each year, our office receives more applicants to the US Military Academies than the number of nominations we are able to make to those academies. To help students consider all options available, we would also like to share information of candidates that do not receive a nomination with the Texas A&M Corps of Cadets. Do you allow your contact information to be shared with the Texas A&M Corps of Cadets? Yes No

Have you ever been arrested, charged or indicted in conjunction with a misdemeanor or felony?

Yes / No \_\_\_\_\_ If yes, provide details.

**College Entrance Examinations:** Indicate score(s) and date(s) taken.

<b>SAT</b>	_____	_____	_____
	Reading & Writing/Math	Composite	Date Taken
<b>SAT</b>	_____	_____	_____
	Reading & Writing/Math	Composite	Date Taken
<b>ACT</b>	_____	_____	_____
	English/Math/Reading/Science/Writing	Composite	Date Taken
<b>ACT</b>	_____	_____	_____
	English/Math/Reading/Science/Writing	Composite	Date Taken

**I. Extracurricular Activities (School Affiliated/Non-Sport):**

(List Organization/Activity, Positions Held, Hours Per Week & Total Time Spent, Awards/Recognition.)

Freshman: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sophomore: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Junior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Senior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II. Athletic Activities (Sports: School or Club/Marching Band):**

(List all sports you have participated in as an individual or part of a team &/or list participation in marching band.

Include Sport/Activity, School/Club, Position/Specialty Instrument, Hours Per Week & Total Time Spent, Awards/Recognition/Letter.)

Freshman: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sophomore: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Junior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Senior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. Extracurricular Activities (Non-School Affiliated)**

*(List Organization/Activity, Positions Held, Hours Per Week & Total Time Spent, Awards/Recognition. Include civic, church, hobbies and special interest groups.)*

Freshman: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sophomore: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Junior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Senior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Employment History:**

(Please list any part or full-time jobs you have held since you have been in high school. Note: List dates worked for each employer.)

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Employer	Position	Hours per Week	Dates Worked (To-From)
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Address: \_\_\_\_\_

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Employer	Position	Hours per Week	Dates Worked (To-From)
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Address: \_\_\_\_\_

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Employer	Position	Hours per Week	Dates Worked (To-From)
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Address: \_\_\_\_\_

### **IV. Awards/Honors/Scholarships**

(List 5 that most exemplify your commitment to excellence.)

<u>Name of Award</u>	<u>Year Received</u>	<u>Presenting Organization</u>	<u>Award Criteria</u>
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

### **References**

A completed *Personal Evaluation Form* MUST accompany each Letter of Recommendation. Do not send more than the required three. One must be from a high school teacher, coach, principal or guidance counselor. The other two character references are at the applicant's discretion.

Those individuals completing a *Personal Evaluation Form* and providing a Letter of Recommendation should place them together into an envelope, seal and write their signature across the envelope flap. *Request them to return the sealed envelope to you for inclusion in your application packet.*

REFERENCE 1: \_\_\_\_\_

REFERENCE 2: \_\_\_\_\_

REFERENCE 3: \_\_\_\_\_

***Acknowledgements (Please read carefully before signing.)***

- The information above is true and correct to the best of my knowledge. It is my sincere desire to attend a U.S. Service Academy, and I fully intend to accept an appointment, if offered. I am a U.S. citizen, or will be by July 1, 2025. I am or will be at least 17, but not yet 23 years of age (USMMA: 25 years of age), on July 1, 2025. I am unmarried, not pregnant, and have no child support obligation. I am a legal resident of the 31st Congressional District of Texas.
- I request that Congressman Carter consider my application for a congressional nomination to the U.S. Service Academy, or Academies, I have indicated. I request Congressman Carter to monitor my progress in seeking an appointment to an Academy, and hereby consent for the Academy to divulge information from my records for this purpose.
- Provisions of the Privacy Act of 1974 are waived to the extent of sharing this information with the Service Academies and their representatives as well as members of Congressman Carter's Service Academy Advisory Board.
- I understand that my application file must be completed by the **October 3, 2024** deadline. If I have not completed and postmarked or delivered to Congressman Carter ALL the required information and documentation by that date, I understand that my application will not be given ANY consideration.
- In the event that I do receive a nomination, I authorize Congressman Carter's office to release this information to the news outlets and the public.
- In the event that I do receive an appointment and I accept said offer of appointment, I authorize Congressman Carter's office to release this information to the news media and the public.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: You may digitally sign/date or print and sign/date this application.)