

U.S. Congressman Randy Weber

14th Congressional District, Texas

2020 APPLICATION FOR U. S. SERVICE ACADEMY NOMINATION



APPLICATION DEADLINE: 16 OCTOBER 2020 (To be completed carefully and completely by the applicant <u>ONLY</u>)

NAME (Last, First, Middle)				PREFERE	RED NAME
MAILING ADDRESS (Street)		CITY		STATE C	COUNTY
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E-MAIL ADDRESS			HOME PHON	E #	CELL PHONE #
			5 7		YES NO
					ARE YOU A U.S. CITIZEN?
DATE OF BIRTH	CITY OF BIRTH		STATE COUNTRY	7	ARE TOU A U.S. CITIZEN?
YES	NO	Y	ES	NO	YES NO
	LY PARTICIPATED IN A MINATIONS PROCESS?		OU PREVIOUSLY RECE GRESSIONAL NOMINAT.		IS YOUR PRIMARY RESIDENCE IN THE 14TH DISTRICT?
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ADDRESS (Street)	CITY			ATE E-MAIL	ADDRESS
		EDUCATI	ON		
NAME OF HIGH SCHOOL				EXPEC'	TED GRADUATION DATE
ADDRESS (Street)		CITY		STATE T	ELEPHONE #
COUNSELOR NAME	E-	-MAIL ADDRES		7	ELEPHONE #
HIGH SCHOOL GPA:	<u> </u>	CLASS RAI	NK: PERCENTILE:	VALEI	DICTORIAN OTHER
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EDUCATION (Continued)												
AP CLASSES HONORS CLASSES IB PROGRAM DUAL CREDIT CLASSES OTHER												
HAVE YOU TAKEN, OR ARE CURRENTLY ENROLLED IN ANY OF THE ABOVE (CHECK ALL THAT APPLY)												
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COLLEGI	E (ANY CL	ASSIFICAT PLEASE I	· · ·					MY PREP SO OF OCTOBEI			ОТН	IER
IF YOU ARE A HIGH	SCHOOL GR	ADUATE, WH	ERE ARE YO	OU CURRE	NTLY ATTE	ENDING?	4DDRE	ESS (Street, C	City, ST, Zip) TE	ELEPHONE	#
COLLEGE HOURS COMPLETED:	COLLEGE HOURS COLLEGE OFFICIAL COLLEGE TRANSCRIPT MUST BE INCLUDED WITH COMPLETED APPLICATION											
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MEMBER OF THE A	ARMED FOR	$CES?^{1}$	S/AFSC/RATI	E		LOCATIO	ON/UNIT	OF ASSIGNME	ENT COM	MANDIN	NG OFFICER	
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YES		NO			USM	ĪΑ	US	SAFA	USNA	A	USM	MA
HAVE YOU RECE	IVED A LET	TER OF ASS	SURANCE?	20	II	F YES, TO	WHIC	H ACADEM	Y(S)? (Che	ck all th	he apply)	
YES HAVE YOU VISITED	AN ACADEM	NO	CIPATED IN	24	USM	IA	Us	SAFA	USNA	A	USM	MA
ANY SUMMER SEM.	100.0			25				H ACADEM				
TO WHICH ACA	- 7/		APPLIED,	AND WI	HEN? (Pi	ease indi	cate the	approximate	e date next	to the A	1	<i>i applied)</i> ANT MARINE
	TARY ACAI ST POINT, N			NAVAL AO ANNAPOLI				AIR FORCE AC LORADO SPRIN			ACA	DEMY OINT, NY
PLEASE NOT	PLEASE NOTATE WHAT OTHER COLLEGES AND/OR UNIVERSITIES YOU HAVE APPLIED TO AND/OR BEEN ACCEPTED:											
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 PENCE PRESIDENT TRUMP ²												
COLLEGE ENTRANCE EXAMINATIONS . INDICATE SCORE(S) AND DATE(S) TAKEN												
SAT READING	MATH	WRITING	COMPOS	SITE	DATE	SAT REA	4DING	MATH	WRITING	G C	OMPOSITE	DATE
ACT ENG MATH Have you ever bee	READING	SCIENCE charged or	WRITING c indicted i	COMP n conjunc	DATE	ACT ENG				WRITE		
Have you ever been arrested, charged, or indicted in conjunction with a misdemeanor or felony? If yes: why, and what was the outcome?												

¹ Armed Forces include: ROTC, National Guard, Reserves, and Active Duty
² A Presidential Nomination only applies to applicants who have a parent currently on, or retired from active military duty

	EXTRACURRICULAR ACTIVITIES (school affiliated/ <u>non</u> sport): List Organization/Activity, Positions/Office Held and any Special Recognitions
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SOPHOMORE:	
Sof Homone.	
JUNIOR:	
SENIOR:	
	ATHELETIC ACTIVITIES (sports: school or club/marching band): List all sports you have participated in either as an individual or part of a team and/or list participation in marching band.
EDEGIN (A)	Include Sport/Activity, School or Club, Position/Specialty/Instrument and Awards/Recognition/Letter
FRESHMAN:	
SOPHOMORE:	
	ACR E
JUNIOR:	
SENIOR:	

List Organization/Ac	tivity, Positions/Office Held and		· · · · · · · · · · · · · · · · · · ·		•	
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Please list any par	t or full-time jobs you have held			te: list dat	es worked for each employer	
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EMPLOYER ADDRESS	(Street)	CITY		STATE	TELEPHONE #	
EMPLOYER ADDRESS (Street)		CHY		ı ~	IELEPHONE #	

		NORS/SCHOLARSHIPS:	
	List 5 that most exemp	plify your commitment to excellence	-
NAME OF AWARD	YEAR RECEIVED	PRESENTING ORGANIZATION	AWARD CRITERIA
NAME OF AWARD	YEAR RECEIVED	PRESENTING ORGANIZATION	AWARD CRITERIA
NAME OF AWARD	YEAR RECEIVED	PRESENTING ORGANIZATION	AWARD CRITERIA
NAME OF AWARD	YEAR RECEIVED	PRESENTING ORGANIZATION	AWARD CRITERIA
NAME OF AWARD	YEAR RECEIVED	PRESENTING ORGANIZATION	AWARD CRITERIA
	RE	EFERENCES:	
A completed Personal Fr	valuation Form MUST ac	ccompany each Letter of Recom	mandation Do not send more
them together into one en	velope, seal and write their		f Recommendation should place flap. Request them to return the acket.
REFERENCE #1	* 1 20 CM		* ///./
REFERENCE #2			0.1
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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, 2021. I am or will be at least 17, but not yet 23 years of age, on July 1, 2021. I am unmarried, not pregnant and have no child support obligation. I am a legal resident of the 14th Congressional District of Texas.

I request that Congressman Weber consider my application for a nomination to the U.S. service academy or academies I have indicated. I request Congressman Weber 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 Weber's Service Academy Advisory Board.

I understand that my application file must be completed by the *October 16, 2020 deadline*. If I have not completed and postmarked or delivered to your League City office *ALL* the required information and documentation by that date, I understand that my application will not be given *ANY* consideration.

I understand that all information in my candidate file for Congressman Weber's office including but not limited to recommendation letters, evaluations forms and notes is privileged and not accessible to the candidate.

In the event that I do receive a nomination, I authorize Congressman Weber's office to release this information to the news media and the public.

In the event that I do receive an appointment and I accept said offer of appointment, I authorize Congressman Weber's office to release this information to the news media and the public.

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APPLICANT SIGNATURE	MAR	DATE	
PARENT OR GUARDIAN SIGNATURE	E	DATE	
PARENT OR GUARDIAN SIGNATURE	3	DATE	
	(such as a school counselor/representative you complete this application, please provid		ce)
NAME	TELEPHONE #	E-MAIL ADDRESS	
	·		
SIGNATURE		DATE	