

U.S. Congressman Randy Weber

14th Congressional District, Texas

2025 APPLICATION FOR U. S. SERVICE ACADEMY NOMINATION



APPLICATION DEADLINE: 24 OCTOBER 2025 (To be completed carefully and completely by the applicant ONLY)

| NAME (Last, First, Middle) | | | | | PREFERI | RED NAME |
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| MAILING ADDRESS (Street) | | CITY | | STATE | ZIP COD | E COUNTY |
| E-MAIL ADDRESS | SOCIAL SECURI | <i>TY</i> # | CELL | PHONE # | £ | HOME PHONE # |
| DATE OF BIRTH | CITY OF BIRTH | | STATE CO | OUNTRY | | YES NO ARE YOU A U.S. CITIZEN? |
| | NO OUSLY PARTICIPATED IN A NOMINATIONS PROCESS? | to the second se | YES VE YOU PREVIOUS ONGRESSIONAL N | SLY RECEIV | / 100 | IS YOUR PRIMARY RESIDENCE IN THE 14TH DISTRICT? |
| FATHER or GUARDIAN'S NA | ME | | | | TELEPI | HONE # |
| ADDRESS (Street) | cm | Y | | STAT | E E-MAIL | ADDRESS |
| MOTHER or GUARDIAN'S NA | AME | | | 3 | TELEPI | HONE # |
| ADDRESS (Street) | CIT | YG | RF | STAT | E E-MAIL | ADDRESS |
| | | EDUCA | TION | | | |
| NAME OF HIGH SCHOOL | | | | | EXPEC. | TED GRADUATION DATE |
| ADDRESS (Street) | | CITY | | | STATE 7 | TELEPHONE # |
| COUNSELOR NAME | | E-MAIL ADD | PRESS | | | ELEPHONE # |
| HIGH SCHOOL GPA: PLEASE USE 4.0 SCALE | | | RANK: PERCENT | TILE: | VALEI | DICTORIAN OTHER TATORIAN OTHER HONORS (IF ANY) |

| EDUCATION (Continued) | | | | | | | | |
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| AP CLASSES HONORS CLASSES IB PROGRAM DUAL CREDIT CLASSES OTHER HAVE YOU TAKEN OF ARE CURRENTLY ENDOLLED IN ANY OF THE AROVE (CHECK ALL THAT ARDLY) | | | | | | | | |
| HAVE YOU TAKEN, OR ARE CURRENTLY ENROLLED IN ANY OF THE ABOVE (CHECK ALL THAT APPLY) HIGH SCHOOL SENIOR COLLEGE (ANY CLASSIFICATION) ATTENDING ON A CIVIL PREP SCHOLARSHIP | | | | | | | | |
| HIGH SCHOOL SENIOR | | | | | | PREP SCE | _ | |
| COLLEGE (ANY CLASSII PLE | FICATION) EASE INDICATE YOU | ATTENDING A UR ACADEMIC STA | | | | <u></u> | ОТНЕ | K |
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| IF YOU ARE A HIGH SCHOOL GRADUA COLLEGE | | | FFICIAL C | 1 | | / | | VL # |
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| COMPLETED: NO | | | 600 | RSES HAV | 'E BEEN | IAKEN) | | |
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| MEMBER OF THE ARMED FORCES? | mos/m se/leme | | ATION/UNIT O | - CO. CO. | NT COM | MANDING O | FFICER | |
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| £///// | cate preferences for a | | | | | | | |
| US MILITARY ACADEMY WEST POINT, NY | | AL ACADEMY POLIS, MD | | R FORCE ACA RADO SPRIN | 1 10.70 | | MERCHAN ACADE KINGS POI | MY |
| YES NO | | USMA | USA | AFA | USNA | | USMM | A |
| HAVE YOU RECEIVED A LETTER OF ASSURANCE? IF YES, TO WHICH ACADEMY(S)? (Check all the apply) | | | | | | | | |
| YES NO | PARTICIPATED IN | USMA | USA | AFA | USNA | \\\\\\\ | USMM | A |
| ANY SUMMER SEMINAR OR SPONOSRED STEM EVENT? IF YES, TO WHICH ACADEMY(S)? (Check all the apply) TO WHICH ACADEMIES HAVE YOU APPLIED, AND WHEN? (Please indicate the approximate date next to the Academy you applied) | | | | | | | | |
| US MILITARY ACADEMY | | AL ACADEMY | | R FORCE ACA | ~ /// | | MERCHAN | T MARINE |
| WEST POINT, NY | | POLIS, MD | | RADO SPRIN | | | ACADE KINGS POI | |
| PLEASE NOTATE WHAT OTHER COLLEGES AND/OR UNIVERSITIES YOU HAVE APPLIED TO AND/OR BEEN ACCEPTED: | | | | | | | | |
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| 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 VANCE PRESIDENT TRUMP ² | | | | | | | | |
| COLLEGE ENTRANCE EXAMINATIONS . INDICATE SCORE(S) AND DATE(S) TAKEN | | | | | | | | |
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| SAT READING MATH WRI | TING COMPOSITE | DATE SAT | READING | MATH | WRITING | COMF | POSITE | DATE |
| ACT ENG MATH READING SCI | ENCE WRITING CO | DMP DATE ACT | ENG MATH | READING | SCIENCE | WRITING | СОМР | DATE |
| Have you ever been arrested, charg | ged, or indicted in cor | njunction with a mis | demeanor or | felony? If y | ves: why, a | nd what w | as the outc | come? |
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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

| 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. Include Sport Activity, School or Club, Position/Specially/Instrument and Awards/Recognition/Letter FRESHMAN: | FRESHMAN: | List Organization/Activity, Fostitons/Office Heta and any Special Recognitions | |
|---|------------|--|--|
| 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. Include Sport/Activity. School or Club, Position/Specialty/Instrument and Awards/Recognition/Letter FRESHMAN: | | | |
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| | AWARDS/HON | NORS/SCHOLARSHIPS: | |
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| academies. To help student | ts consider all options available to | o them, we would also like to share in that are federally designated as a Sen | · |
| DO YOU ALLOW YOUR | | TO BE SHARED WITH SCHOOL IILITARY COLLEGE? | S IN TEXAS DESIGNATED AS A |
| YES | | ot affect the nomination process. By selecting y o a federally designated Senior Military Colleg | |
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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, 2026. I am or will be at least 17, but not yet 23 years of age, on July 1, 2026. 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 24, 2025 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 | NCR | E / | DATE |
| | | | |
| PARENT OR GUARDIAN SIGNATURE | | | DATE |
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| PARENT OR GUARDIAN SIGNATURE | | | DATE |
| | a school counselor/representative plete this application, please provid | - | |
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| NAME | TELEPHONE # | E-MAIL ADDR | RESS |
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