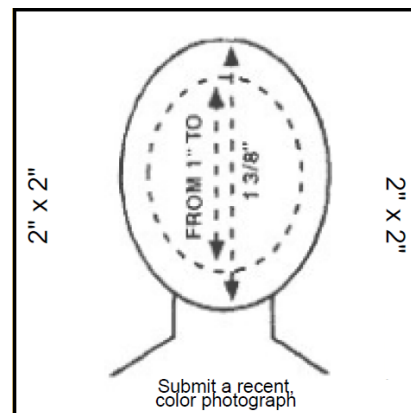


UNITED STATES HOUSE OF REPRESENTATIVES
 CONGRESSMAN ROB BRESNHAN, JR.
 ATTN: SERVICE ACADEMY
 900 RUTTER AVENUE
 BLDG. B, 1ST FLOOR, SUITE C, BOX 23
 FORTY FORT, PA 18704
 (O) 570.763.6120



U.S. SERVICE ACADEMY CANDIDATE CONGRESSIONAL NOMINATION FILE

FOR CONSIDERATION AND NOMINATION FOR THE U.S. SERVICE ACADEMIES:

WEST POINT		NAVAL		AIR FORCE		MERCHANT MARINE
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If applying to more than one Academy, please INDICATE your PREFERENCE by ORDER OF NUMBER

COAST GUARD		ARMY ROTC		NAVY ROTC		AIR FORCE ROTC
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Check any of the boxes if applying to these programs along with the Service Academies

PERSONAL INFORMATION:

FULL LEGAL NAME: (LAST, FIRST, FULL MIDDLE)	DATE OF BIRTH:	SEX:
HOME ADDRESS:		
CITY, STATE, ZIP:		
BEST PHONE NUMBER:	LAST FOUR OF SOCIAL SECURITY NUMBER:	
BEST E-MAIL (NOT SCHOOL):		
WILL YOU BE A U.S. CITIZEN AT TIME OF ENROLLMENT?		
ARE YOU A RESIDENT OF PENNSYLVANIA'S 8th CONGRESSIONAL DISTRICT?		
HAVE YOU SUBMITTED YOUR APPLICATION TO THE SERVICE ACADEMY/ACADEMIES?		

I, the undersigned candidate, am a legal resident of the 8th Congressional District of Pennsylvania, and I declare that the information I have provided in this packet and any attached documents as necessary is true, correct and complete to the best of my knowledge and belief.

APPLICANT SIGNATURE: _____

DATE: _____

PARENT'S MILITARY EXPERIENCE:		
FATHER'S NAME:	BRANCH	RANK
	MOS DESIGNATOR AFSC RATING	DATE DISCHARGED CURRENT
		<input type="checkbox"/>
	SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION
MOTHER'S NAME:	BRANCH	RANK
	MOS DESIGNATOR AFSC RATING	DATE DISCHARGED CURRENT
		<input type="checkbox"/>
	SERVICE ACADEMY (IF ATTENDED)	YEAR OF GRADUATION

SERVICE ACADEMY PARTICIPATION:					
HAVE YOU VISITED ANY OF THE SERVICE ACADEMIES AND/OR PARTICIPATED IN ANY ACADEMY SUMMER SEMINARS	9	10	11	12	College Yr.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MILITARY SERVICE/EXPERIENCE (INCLUDING JROTC/ CIVIL AIR PATROL):			
BRANCH	POSITION RANK	DATE ENTERED	DATE ENDED CURRENT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

FOREIGN LANGUAGE PROFICIENCY			
LANGUAGE	READ (Advanced Intermediate Beginner)	WRITE (Advanced Intermediate Beginner)	LISTEN (Advanced Intermediate Beginner)

U.S. MILITARY SERVICE ACADEMY INFORMATION: Please Answer this Section if it Pertains to Applicant

HAVE YOU APPLIED FOR A NOMINATION IN PREVIOUS YEAR(S)?

CHECK THE APPLICABLE

U.S. MILITARY ACADEMY WEST POINT	2023 <input type="checkbox"/>	2024 <input type="checkbox"/>	2025 <input type="checkbox"/>
U.S. NAVAL ACADEMY	2023 <input type="checkbox"/>	2024 <input type="checkbox"/>	2025 <input type="checkbox"/>
U.S. AIR FORCE ACADEMY	2023 <input type="checkbox"/>	2024 <input type="checkbox"/>	2025 <input type="checkbox"/>
U.S. MERCHANT MARINE ACADEMY	2023 <input type="checkbox"/>	2024 <input type="checkbox"/>	2025 <input type="checkbox"/>
U.S. COAST GUARD ACADEMY	2023 <input type="checkbox"/>	2024 <input type="checkbox"/>	2025 <input type="checkbox"/>

HAVE YOU BEEN CONTACTED DIRECTLY BY ANY OF THE SERVICE ACADEMIES ADMISSIONS OFFICE?

CHECK THE APPLICABLE THEN SPECIFY WHAT SPORT/ACADEMIC

U.S. MILITARY ACADEMY WEST POINT	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
U.S. NAVAL ACADEMY	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
U.S. AIR FORCE ACADEMY	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
U.S. MERCHANT MARINE ACADEMY	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>
U.S. COAST GUARD ACADEMY	SPORT <input type="checkbox"/>	ACADEMIC <input type="checkbox"/>

HIGH SCHOOL/COLLEGE ACADEMIC DATA (MUST ALSO SUBMIT AN OFFICIAL TRANSCRIPT)

NAME OF HIGH SCHOOL:		GPA:
CURRENTLY ATTENDING: Y / N	DATE OF GRADUATION:	
SCHOOL ADDRESS:		
CITY, STATE, ZIP:		
SCHOOL PRINCIPAL NAME AND EMAIL:		
SCHOOL PRIMARY COUNSELOR NAME AND EMAIL:		
CLASS RANK: OF		
CLASS PERCENTAGE (TOP % OF CLASS):		
NAME OF COLLEGE (IF APPLICABLE):		GPA:
CURRENTLY ATTENDING: Y / N	DATE OF GRADUATION:	
SCHOOL ADDRESS:		
CITY, STATE, ZIP:		
SCHOOL POINT OF CONTACT NAME AND EMAIL:		
MAJOR:		
YEARS ATTENDED:	HOURS COMPLETED:	

COMMUNITY ACTIVITIES:					
LIST CIVIC AND COMMUNITY ACTIVITIES, LIST HONORS AND LEADERSHIP **AS WELL AS GRADES YOU PARTICIPATED**	9	10	11	12	College Yr.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEYSTONE STATE AWARD	CHECK IF YES				<input type="checkbox"/>
EAGLE SCOUT GOLD AWARD	CHECK IF YES				<input type="checkbox"/>

PLEASE USE THIS SPACE FOR MORE INFORMATION

INDICATE ALL OTHER SOURCES YOU HAVE CONTACTED REGARDING A NOMINATION: *RECOMMEND YOU CONTACT ALL AVAILABLE SOURCES*	
<input type="checkbox"/>	PRESIDENT OF THE UNITED STATES DONALD J. TRUMP
<input type="checkbox"/>	VICE PRESIDENT OF THE UNITED STATES JD VANCE
<input type="checkbox"/>	SECRETARY OF THE ARMY/NAVY/AIRFORCE
<input type="checkbox"/>	U.S. SENATOR DAVE MCCORMICK
<input type="checkbox"/>	U.S. SENATOR JOHN FETTERMAN
<input type="checkbox"/>	SERVICE ACADEMY COMMANDANTS
<input type="checkbox"/>	OTHER:



Rob Bresnahan, Jr.
 8th District of Pennsylvania
Congress of the United States
 House of Representatives
 Washington, D.C. 20515

Privacy Act of 1974: By submitting this form, you give permission for Representative Rob Bresnahan, Jr., his staff, the Service Academy Review Board, and the Academy Admissions Office to review your information. You also allow our office to contact others on your behalf as part of the nomination process. If you are nominated, your name may be included in future press releases.

Under the Privacy Act of 1974, written permission of the individual whose records will be disclosed by the Federal Government is required. This law was written to protect every American citizen from unauthorized disclosure of personal information without proper consent.

I have read the Privacy Act Statement. The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application. I am also required to submit all the items on the application check-list. I further understand that Representative Bresnahan's Office must be in receipt of all application materials no later than **5:00 p.m., Friday October 30, 2026.**

Name (Please Print): _____

Social Security Number (Last 4): _____

Signature: _____

Date: _____

