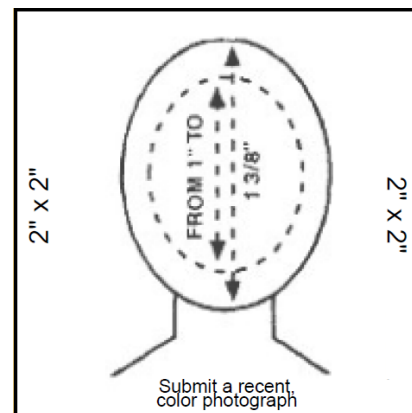


UNITED STATES HOUSE OF REPRESENTATIVES  
 CONGRESSMAN ROB BRESNAHAN, JR.  
 1133 LONGWORTH HOUSE OFFICE BUILDING  
 WASHINGTON, DC 20515  
 (O) 202.225.5546

CONGRESSMAN ROB BRESNAHAN, JR.  
 ATTN: BRIAN LANGAN – SERVICE ACADEMY  
 900 RUTTER AVENUE  
 BLDG. B, 1<sup>st</sup> FLOOR, SUITE C, BOX 23  
 FORTY FORT, PA 18704  
 (O) 570.763.6120



## U.S. MILITARY SERVICE ACADEMY CANDIDATE CONGRESSIONAL NOMINATION FILE

FOR CONSIDERATION AND NOMINATION FOR THE U.S. MILITARY 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:		
<b>FULL LEGAL NAME:</b> <small>(LAST, FIRST, FULL MIDDLE)</small>	<b>DATE OF BIRTH:</b>	<b>SEX:</b>
<b>HOME ADDRESS:</b>		
<b>CITY, STATE, ZIP:</b>		
<b>BEST PHONE NUMBER:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>BEST E-MAIL (NOT SCHOOL):</b>		
<b>FATHER NAME:</b> <small>(LAST, FIRST, FULL MIDDLE)</small>		
<b>OCCUPATION:</b>	<b>COMPANY:</b>	
<b>MOTHER NAME:</b> <small>(LAST, FIRST, FULL MIDDLE)</small>		
<b>OCCUPATION:</b>	<b>COMPANY:</b>	
<b>PLACE OF BIRTH:</b> <small>(CITY, STATE, *COUNTRY IF NOT UNITED STATES*)</small>		
<b>WILL YOU BE A U.S. CITIZEN AT TIME OF ENROLLMENT?</b>		
<b>ARE YOU A RESIDENT OF PENNSYLVANIA'S 8<sup>th</sup> CONGRESSIONAL DISTRICT?</b>		

\*I DECLARE THAT THE INFORMATION PROVIDED AND ANY ATTACHED DOCUMENTS AS NECESSARY IS  
 TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF\*

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

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**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**

<b>WEST POINT</b>	<b>2022</b> <input type="checkbox"/>	<b>2023</b> <input type="checkbox"/>	<b>2024</b> <input type="checkbox"/>
<b>NAVAL</b>	<b>2022</b> <input type="checkbox"/>	<b>2023</b> <input type="checkbox"/>	<b>2024</b> <input type="checkbox"/>
<b>AIR FORCE</b>	<b>2022</b> <input type="checkbox"/>	<b>2023</b> <input type="checkbox"/>	<b>2024</b> <input type="checkbox"/>
<b>MERCHANT MARINE</b>	<b>2022</b> <input type="checkbox"/>	<b>2023</b> <input type="checkbox"/>	<b>2024</b> <input type="checkbox"/>

**HAVE YOU BEEN CONTACTED DIRECTLY BY ANY OF THE SERVICE ACADEMIES ADMISSIONS OFFICE?****CHECK THE APPLICABLE THEN SPECIFY WHAT SPORT/ACADEMIC**

<b>WEST POINT</b> <input type="checkbox"/>	<b>SPORT</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>	
<b>NAVAL</b> <input type="checkbox"/>	<b>SPORT</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>	
<b>AIR FORCE</b> <input type="checkbox"/>	<b>SPORT</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>	
<b>MERCHANT MARINE</b> <input type="checkbox"/>	<b>SPORT</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>	
<b>COAST GUARD</b> <input type="checkbox"/>	<b>SPORT</b> <input type="checkbox"/>	<b>ACADEMIC</b> <input type="checkbox"/>	

**PLEASE LIST ALL REFERENCES OR LETTERS OF RECOMMENDERS:**

<b>NAME</b>	<b>POSITION</b>	<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>

**FOREIGN LANGUAGE PROFICIENCY**

<b>LANGUAGE</b>	<b>READ (Advanced   Intermediate   Beginner)</b>	<b>WRITE (Advanced   Intermediate   Beginner)</b>	<b>LISTEN (Advanced   Intermediate   Beginner)</b>

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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:	
SCHOOL PRIMARY COUNSELOR NAME:	
SCHOOL POINT OF CONTACT PHONE NUMBER:	
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:	
SCHOOL POINT OF CONTACT PHONE NUMBER:	
MAJOR:	
YEARS ATTENDED:	HOURS COMPLETED:

ACADEMIC OVERVIEW: <i>Highest scores will be taken into consideration for each section if multiple tests taken</i>			
SAT			
DATE(s) TAKEN			
MATH:			
EVIDENCE-BASED READING & WRITING:			
COMPOSITION:			
TOTAL SCORE:			
ACT			
DATE(s) TAKEN			
ENGLISH			
MATH			
READING			
SCIENCE			
WRITING			
TOTAL SCORE:			

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ATHLETIC RECORD:					
LIST ALL SPORTS AND WHICH GRADES YOU PARTICIPATED Participated, Junior Varsity, Varsity, Captain (P, JV, V, CPT) *LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*	9	10	11	12	College Yr.
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SCHOOL ACTIVITIES:					
LIST ALL CLUBS AND WHICH GRADES YOU PARTICIPATED Participated, Leader (P, LDR) *LIST ANY ACHIEVEMENTS OR AWARDS – List in Resume for Details*	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"/>
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					<input type="checkbox"/>

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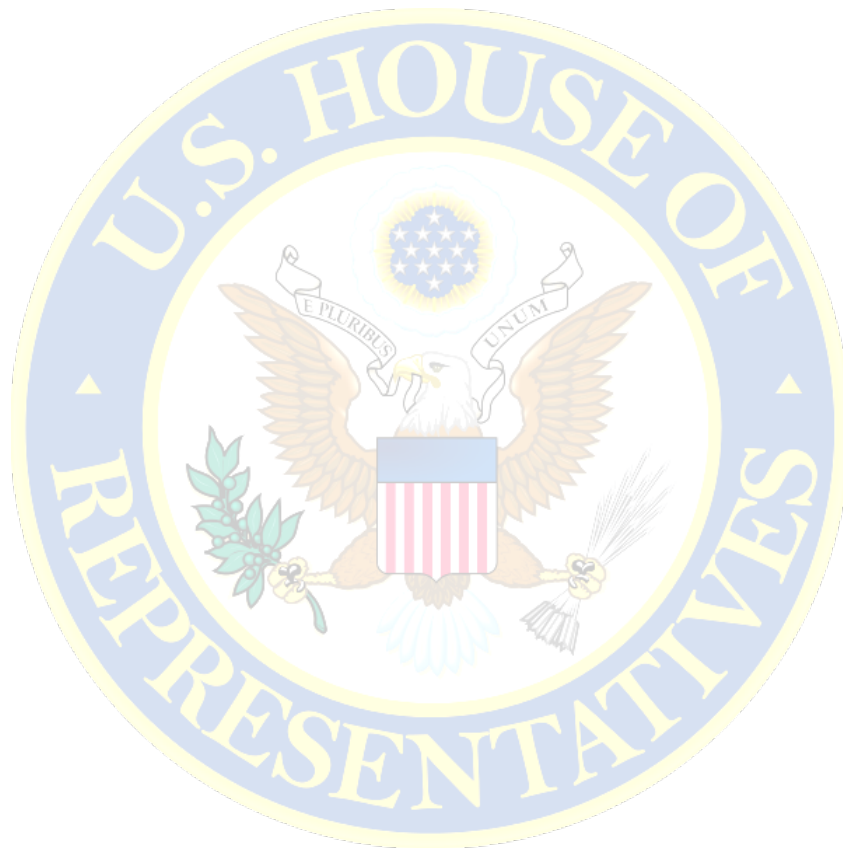
COMMUNITY ACTIVITIES:					
LIST CIVIC AND COMMUNITY ACTIVITIES, LIST HONORS AND LEADERSHIP **AS WELL AS GRADES YOU PARTICIPATED**	9	10	11	12	College Yr.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>

[illegible]

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INDICATE ALL OTHER SOURCES YOU HAVE CONTACTED REGARDING A NOMINATION:  
 \*YOU SHOULD CONTACT ALL AVAILABLE SOURCES\*

<input type="checkbox"/>	U.S. SENATOR DAVE MCCORMICK
<input type="checkbox"/>	U.S. SENATOR JOHN FETTERMAN
<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"/>	SERVICE ACADEMY COMMANDANTS
<input type="checkbox"/>	SECRETARY OF THE ARMY/NAVY/AIRFORCE
<input type="checkbox"/>	OTHER:



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

Privacy Act of 1974: The submission of the requested information constitutes authorization for review of this information by Representative Rob Bresnahan, Jr., his staff, his Service Academy Review Board, the Academy Admission Office, and the media. In the event that this office finds it necessary to make inquiries on your behalf concerning your nomination, it is crucial that you have given permission for such inquiries to be made. In addition, if 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 17, 2025.**

Name (Please Print): \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_

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



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