**United States Congressman**

**Jodey C. Arrington**

**19th District of Texas**



**SERVICE ACADEMY APPLICATION PACKET**

UNITED STATES AIR FORCE ACADEMY

UNITED STATES NAVAL ACADEMY

UNITED STATES MILITARY ACADEMY

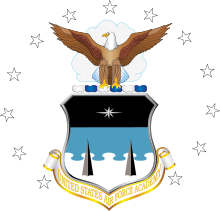
UNITED STATES MERCHANT MARINE ACADEMY

Congressman Jodey C. Arrington

500 Chestnut St, Suite #819

Abilene, Texas 79602

(325) 675-9779



**TX-19 Application for Consideration as a Nominee to the United States**

**Military, Naval, Air Force, or Merchant Marine Academy**



**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Permanent/Mailing Address** (including city, state, and zip code). Include both if they are different:

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

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**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Primary Phone #:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ **Secondary Phone #:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

**Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No** *NOTE: You must be a citizen at the time of entrance to an academy.*

**Name(s) of your parent(s)/guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you and/or your parents reside in the 19th Congressional District of Texas? \_\_\_ Yes \_\_\_ No**

*NOTE: For USMA/USNA/USAFA you must be a bona fide resident of the 19th district to receive a nomination from Rep. Arrington. For USMMA you must be a bona fide resident of Texas to receive a nomination from Rep. Arrington.*

**Name of High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Graduation Year:** \_\_\_\_\_\_

**Name and Phone # of Guidance Counselor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_

**GPA:** \_\_\_\_\_\_\_\_ **Class Rank:** \_\_\_\_\_\_\_\_\_ **SAT Score:** \_\_\_\_\_\_\_\_ **ACT Score:** \_\_\_\_\_\_\_\_

Please **rank your Academy preference** and indicate if you have opened a file with each Academy:

|  |  |  |
| --- | --- | --- |
| Academy | Rank | Open File |
| U.S. Air Force | 1st 2nd 3rd 4th NA | Yes No |
| U.S. Merchant Marine | 1st 2nd 3rd 4th NA | Yes No |
| U.S. Military | 1st 2nd 3rd 4th NA | Yes No |
| U.S. Naval | 1st 2nd 3rd 4th NA | Yes No |

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**Military, Naval, Air Force, or Merchant Marine Academy**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Athletic Activities – school/travel/community groups:**

For grade, please circle the appropriate year[s].) If you plan to participate in an activity your senior year, but

have not started that activity (winter/spring sport), please circle year 12, and place a P next to the year.

**Sport JV/V Captain Awards / Honors Grade**

\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ 9 10 11 12

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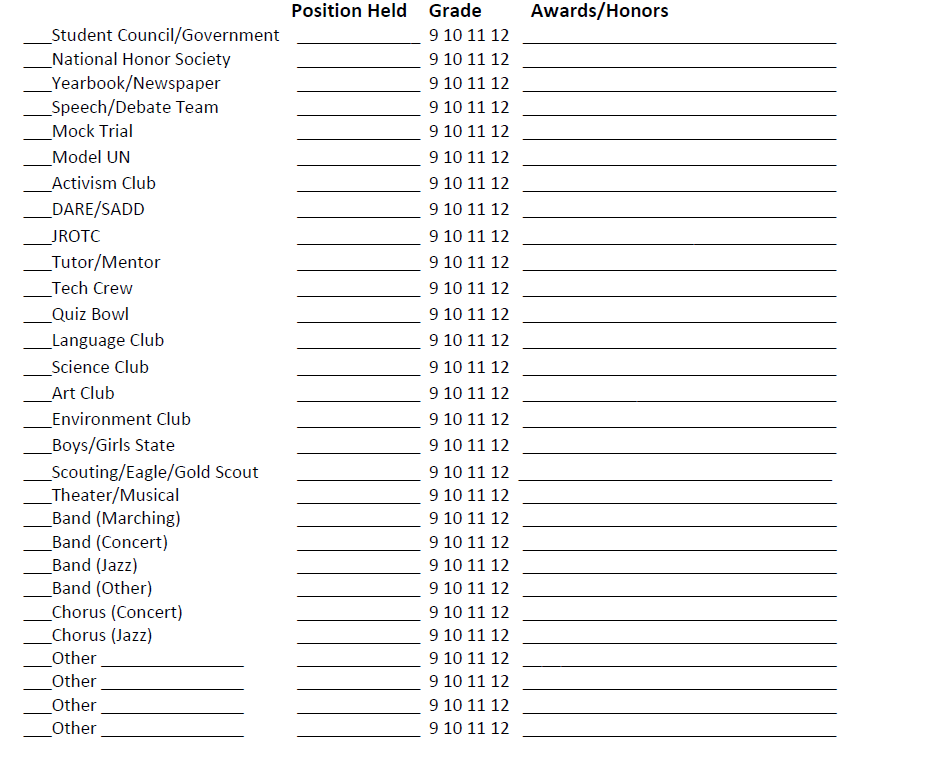
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**Extracurricular Activities:**

Please check all that apply and circle the number(s) that correspond to the year(s) of the activity(ies). You may

expand on a separate page especially if your activity(ies) is/are not listed here. If you plan to participate in an activity your senior year but have not started that activity (winter/spring), please circle year 12 and place a P next to the year.



**TX-19 Application for Consideration as a Nominee to the United States**

**Military, Naval, Air Force, or Merchant Marine Academy**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Please list any cultural experiences or travel that you have undertaken that demonstrate your leadership skills (include dates of travel). You may expand on this on a separate sheet of paper and attach:**

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

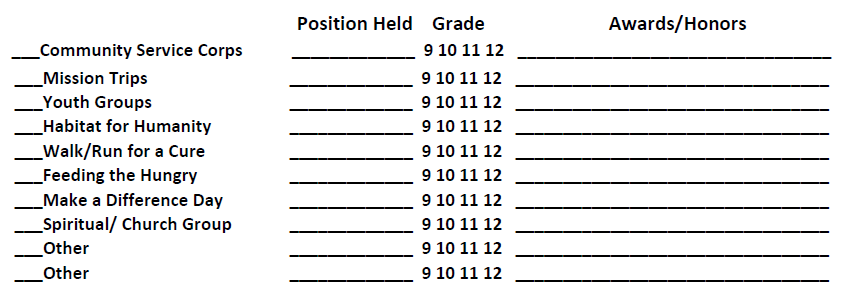
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**Community / Volunteer / Spiritual Activities**

Please check all that apply and circle the number(s) that correspond to the year(s) of the activity(ies). You may

expand on a separate page especially if your activity(ies) is/are not listed here. If you plan to participate in an activity your senior year but have not started that activity (winter/spring), please circle year 12 and place a P next to the year.



**Outside Awards / Honors**

Please list any awards/honors not listed above. For example: National Merit Scholar, leadership, Writing/Essay awards, DAR Awards, Spirit Awards, HOBY, Governor’s School:

**Award / Honor Grade**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 10 11 12**

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**Employment History**

Have you held a job(s) during the school year/in the summer? \_\_\_\_ Yes \_\_\_\_No

Please describe your job(s) and dates of employment. *Remember, if you are being paid, it is a job.*

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

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**TX-19 Application for Consideration as a Nominee to the United States**

**Military, Naval, Air Force, or Merchant Marine Academy**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Candidate Fitness Assessment**

Push-ups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mile Run: \_\_\_\_ minutes \_\_\_\_\_\_seconds

Shuttle Run: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_seconds Basketball Throw: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ft.

Pull-ups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sit Ups \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Criminal Information** |  |
| I have been convicted of a felony/misdemeanor Yes No | |
| I have been the target of a criminal investigation Yes No | |
| I have been investigated by children/youth services for allegations of abuse Yes No | |
| I have been charged with a crime Yes No  **(If you answered yes to any of the above, please explain and attach to the application.)** | |

**General Information**

**Are you applying to other nominating sources?** You are allowed to, and in fact are encouraged to, apply for at least four nominations. (your own Member, your two Senators, and the Vice President). Please check all that apply:

\_\_\_\_Senator Cornyn \_\_\_\_Senator Cruz \_\_\_\_Vice President \_\_\_\_Service Related

**Are you applying for an ROTC scholarship?** Again, you are encouraged to do so as it shows commitment to becoming an officer: YES\_\_\_\_\_\_ NO \_\_\_\_\_\_ If yes, to which schools? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academy Application Timeline** -- For your **TOP** choice, please note the date you sent each (or completed interview) to that Academy. ***NOTE: May be worded slightly differently by each academy.***

**SAT/ACT Scores** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Transcript** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Candidate Statement/Essay** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Activities/Personal Data Record** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Interview with FF/BGO/Liaison Officer** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ **CFA Scores** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Letters of Recommendation/School Officer Evaluation - list date FINAL one was sent** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

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**Military, Naval, Air Force, or Merchant Marine Academy**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Medical Information:** Have you taken/been scheduled to take your Academy medical exam (scheduled by DoDMERB)? YES\_\_\_\_\_\_ NO \_\_\_\_\_\_ If yes, when? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

As part of your application for admission to an Academy, you will be required to take a medical exam through DoDMERB (the Department of Defense Medical Examination Review Board). The following are common conditions that may cause an Academy to require you to obtain a waiver for admission.

***NOTE: Receiving a medically disqualified notice from DoDMERB is NOT the end of the process.***

***Many times, academies do grant waivers so be sure to work through the process completely.***

***Timely submission of all documentation to DoDMERB/Academy(ies) is key to a positive outcome.***

•Wearing corrective eye wear, especially if not correctable to 20/20.

•Laser surgery of any type.

•Diagnosis of color blindness.

•Diagnosis of asthma, hay fever, or allergies, especially after the age of 12.

•Diagnosis of ADD/ADHD/Learning disabilities, especially if you have used medication since the end of your sophomore year.

•Surgery or broken bones in the last ten years.

•Tattoos: especially if visible in any uniform and/or they can be deemed offensive.

•Diagnosis of concussion(s), especially multiple ones.

•Diagnosis of eczema.

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**Military, Naval, Air Force, or Merchant Marine Academy**

**Personal Questionnaire:** On a separate piece(s) of paper, write no more than one paragraph on EACH of the following questions:

* In what ways have you prepared yourself for study at a service academy?
* When did you decide you wanted to attend an academy and how was that interest generated?
* Why do you want to attend a service academy rather than a traditional civilian university?
* USAFA and USMA each have an honor code and USNA and USMMA each have an honor concept. Explain how you intend to uphold honor at an academy and why it is important not only while at an academy but throughout your military career.
* What makes you stand out among the other candidates? Please include any experience of statements that show you will make a good officer in the United States Military.
* What disappointments/obstacles have you encountered in life? How did you handle these situations?
* Based on what you read in the news and see in your local community, what do you see as the biggest challenge you and your peers will face as you join the military?

**TX-19 Application for Consideration as a Nominee to the United States**

**Military, Naval, Air Force, or Merchant Marine Academy**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(first) (middle) (last)

**Once you have completely filled out this file, please sign and date below.** *When you sign and date below you are attesting that the above information is correct, your own work, and that you are fully aware of and intend to meet to the best of your abilities the service commitment required of an academy graduate.*

It is my sincere desire to attend a U.S. Service Academy, and I fully intend to vigorously pursue an academic course of study if appointed.  I understand that attending a service academy also requires a minimum of five years military service following graduation.  I am a U.S. Citizen or will be by July 1, 2025, and I will be at least 17 years old, but not yet 23 years old on July 1, 2025, I am not married; I am not pregnant; I have no child support obligation; I am a legal resident of the 19th Congressional District of Texas.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

Congressman Jodey C. Arrington

2024-2025 Application for Nomination to a U.S. Service Academy

CHECK LIST

**Send the items below to my Abilene Office by October 31, 2024.** All items must

be**received** by the deadline to consider an application complete. If you would like verification of delivery, please request a return receipt from the US Post Office or other mail vendor.

* Application form must be completed and signed by applicant. Must be legible or typed. **Please read this application carefully and double check. Before mailing, be sure to compare your application to the check list provided.**
* Personal Questionnaire should be completed and thoroughly answered. This questionnaire, along with the information provided on the application, is your best opportunity to illustrate your strengths and character.
* Personal Recommendation Forms (3) completed by counselors, principals, teachers, coaches, or religious leaders (i.e. priests, rabbis, and ministers). **You are required to return three (3) Personal Recommendation Forms.** Recommendation forms are attached in this packet**.**
* Official copy of your high school transcript including courses currently in progress, GPA through junior year, and class rank. If you would like to provide your transcript from your senior year, you may send it as an update as long as your application is complete by **October 31, 2024.**
* Official copy of your college transcript (if applicable) including courses currently in progress.
* Current photograph (wallet size) with your name and hometown written on the back.
* Copy of your official SAT or ACT scores/report, if they are not sent directly from the college boards. **NOTE: Test scores must be received by October 31, 2024**. Carefully consider the dates that you are taking the tests; if you wait until September or October, your scores may not arrive on time. My test codes are: **SAT:** 6079 **ACT:** 7700

**Deadline for receiving application – documents is October 31, 2024.**

Plan for mail delays and send your documents in EARLY to:

**Congressman Jodey C. Arrington**

**Attn: Military Academy Nominations**

**500 Chestnut St, Suite #819**

**Abilene, Texas 79602**

2024 - 2025 Application for Nomination to a U.S. Service Academy

**PERSONAL RECOMMENDATION FORM**

**To be completed by a teacher, school counselor/principal, religious leader, community leader or employer.**

Note to applicant: You must turn in three personal recommendation forms by October 31, 2024, or your application will not be considered complete. Additional letters are welcome.

Name of Applicant (Last/First/Middle) \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the recommender**: The person above is applying for nomination to a United States Service Academy. The academies provide a college education and training for students to become commissioned officers in the Armed Forces following graduation. The questions below are designed to provide the information necessary to select the best qualified candidates. By law, all admissions materials must be shown to a student upon request. Each student must submit three personal evaluation forms along with a complete application packet by October 31, 2024. Failure to return this form to the student by that date will jeopardize the student’s application. **PLEASE ANSWER THE SPECIFIC QUESTIONS ASKED ON THIS FORM.** Use additional pages if necessary. You are welcome to submit a separate letter of recommendation, but that letter will not help the applicant complete his/her file unless it is accompanied by this form.

1. How long have you known this applicant and in what capacity?
2. Describe the applicant’s talents, strengths, and leadership ability.
3. How could the applicant improve to rise to the challenges presented by a U.S. service academy?
4. Do you believe the applicant plans to pursue military service as a career? Does he/she truly understand the commitments and obligation that accompany a service academy education?
5. How does the applicant handle stressful/challenging situations? Has the applicant encountered failure and how did he/she manage the situation?
6. Do you know of any personal circumstances that might affect the applicant’s performance at the academy?
7. Please select the statement that best applies to this applicant:

\_\_\_\_\_\_ THE BEST, students like this appear once in several years \_\_\_\_\_\_\_ EXCELLENT

\_\_\_\_\_\_ ABOVE AVERAGE \_\_\_\_\_\_\_ FAIR

**To the recommender: Please give this completed form, along with any additional pages or letters, sealed in an envelope and signed across the flag, to the applicant for inclusion in the application packet. Thank you.**

Name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_ \_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work or Home Street/P.O. Box City Zip Phone