LOIS CAPPS
23RD DISTRICT, CALIFORNIA

1110 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0522
(202) 225–3601

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON
NATURAL RESOURCES

Congress of the United States
House of Representatives

DISTRICT OFFICES:

☐ 1411 MARSH STREET, SUITE 205
SAN LUIS OBISPO, CA 93401
(805) 546–8348

☐ 301 EAST CARRILLO STREET, SUITE A
SANTA BARBARA, CA 93101
(805) 730–1710

☐ 2675 NORTH VENTURA ROAD, SUITE 105
PORT HUENEME, CA 93041
(805) 985–6807

Nomination Requirements

1. **Complete Application Form-** This form is provided by my office or you can download it from my website: http://capps.house.gov/services/academy-nominations.shtml

2. **SAT/ACT test scores**

3. **Resume**

4. **High School Transcripts**

5. **Two (2) Letters of Recommendation** – One of these should be from a teacher in an academic subject who knows you well. The second should be from an adult who knows you in outside activities.

6. **Recommendation by Guidance Counselor/Principal** – This form, provided by my office or on the website, is to be taken to your counselor or principal, filled out and sent directly to us. You should not send this form to my office; the counselor or principal needs to send it.

7. **Essay** – This essay should be on why you would like to attend the academy.

8. **Photo**

THE DEADLINE FOR SUBMITTING DOCUMENTATION IS NOVEMBER 20, 2009

APPLICATION FOR A CONGRESSIONAL NOMINATION TO A UNITED STATES SERVICE ACADEMY

PRINTED ON RECYCLED PAPER

IT IS MY DESIRE TO ATTEND THE UNITED STATES:
(Please rank numerically if more than one)

_____ MILITARY ACADEMY
_____ NAVAL ACADEMY
_____ AIR FORCE ACADEMY
_____ MERCHANT MARINE ACADEMY

FULL NAME: _____
First Middle Last

PERMANENT ADDRESS: _____

TEMPORARY ADDRESS: _____

TELEPHONE: _____ DATE OR BIRTH: _____ PLACE: _____

SOCIAL SECURITY NUMBER: _____

FATHER'S NAME: _____ OCCUPATION: _____ DAYTIME PHONE:_____

MOTHER'S NAME: _____ OCCUPATION: _____ DAYTIME PHONE:_____

AGE OF SIBLINGS (if any): _____

NAME OF HIGH SCHOOL: _____ COUNSELOR: _____

HIGH SCHOOL PHONE: _____ YEAR OF GRADUATION: _____

GPA: _____ RANK IN CLASS: _____ OF _____ STUDENTS

NAME OF COLLEGE (if attended): _____ NUMBER OF YEARS: _____

PREVIOUS MILITARY SERVICE (if any): _____

PLEASE LIST ALL EXTRA-CURRICULAR ACTIVITIES (indicate grade levels for each activity):

_____

_____

_____

_____

_____

PLEASE LIST ATHLETIC PARTICIPATION:

Sport	Grade level	Level (varsity?)	Position Awards/Honors
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU ARE EMPLOYED, HOW MANY HOURS PER WEEK: After School: _____ Summer: _____

PLEASE CHECK ONE AND COMPLETE:

_____ I HAVE TAKEN THE FOLLOWING TEST ON THE DATES INDICATED

SAT _____ _____ _____

ACT _____ _____ _____

MY SCORE FOR THESE TESTS ARE: SAT: Reading _____ Writing_____ Math _____

ACT _____

_____ I HAVE NOT TAKEN THE REQUIRED TEST, BUT PLAN TO TAKE THE SAT/ACT ON: _____
(circle one) (date)

PLEASE LIST OTHER SOURCES THROUGH WHICH YOU ARE SEEKING A NOMINATION:

_____

PLEASE READ BEFORE SIGNING:

I have read and understand the requirements for participation in the nomination process. I certify that I am a legal resident of the 23rd Congressional District of California. If I have not submitted all necessary data by the November 20, 2009 deadline, I understand that I may not be given final consideration for a nomination.

Signature: _____ Date: _____

COUNSELOR/PRINCIPAL RECOMMENDATION FORM

This form MUST BE COMPLETED BY EITHER THE HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL GUIDANCE COUNSELOR for the candidate for Congressional Nomination to one of the United States Military Service Academies. This form is to be returned directly by the Principal or Counselor to:

THE OFFICE OF CONGRESSWOMAN LOIS CAPPS
ATTN: CHARLES SNYDER
301 E CARRILLO ST. SUITE A, SANTA BARBARA, CA 93101.

This form must be received by November 20, 2009.

NAME OF APPLICANT:

_____
First Middle Last

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

TELEPHONE NUMBER OF SCHOOL: _____

APPLICANT'S YEAR IN SCHOOL: _____ CLASS RANK: _____ GPA: _____
(Please no percentile rankings)

LEADERSHIP CHARACTERISTICS: _____

_____

PERSONALITY TRAITS: _____

_____

ABILITY TO WORK UNDER PRESSURE: _____

_____

ABILITY TO GET ALONG WITH OTHERS: _____

_____

GENERAL COMMENTS and/or RECOMMENDATION: _____

_____

_____

SIGNATURE: _____ DATE: _____

TITLE: _____