Service Academy Candidate Information Sheet

Personal:

Full Name (first, middle, last): ____________________________ Preferred Name: __________

Date of Birth: _______________ Email: ________________________________

Mailing Address: __________________________________________________________
City State Zip +4

Cell Number: _______________ Home Number: ___________________________

Current School: __________________________ High School Graduation Year: _______

If currently at a secondary school, from which high school did you graduate: __________

U.S. Citizen? YES___ NO___ Have you ever been convicted of a felony? YES___ NO___

I am applying & seeking a nomination to the following academies: (List in order of preference)
1. ___________________________________________ 2. ________________________________
3. ___________________________________________ 4. ________________________________

Medical:

1. Do you anticipate any medical problems? YES___ NO___

   If yes, please state the nature of any anticipated problems:
   ________________________________________________________________
   ________________________________________________________________

Academic:

1. Class Ranking: ______ in a class of ________
2. GPA: Weighted___________ Unweighted___________

3. SAT Scores: Math:_____ Reading & Writing:_____ Total:_____

4. ACT Scores: Math:_____ English:_____ Reading:_____ Science:_____  

5. AP/Honors Courses: __________________________________________________________
   ______________________

6. Please indicate involvement in the following activities and explain:

   Academic Awards and Honors:
   ( ) Valedictorian:____________________________________________________________
   ( ) Salutatorian:______________________________________________________________
   ( ) National Honor Society:___________________________________________________
   ( ) Beta Club:_______________________________________________________________
   ( ) Scholarships:_____________________________________________________________
                                   ________________________________________________________________
   ( ) Academic Awards:_________________________________________________________
                                   ________________________________________________________________
   ( ) National Merit Scholar:____________________________________________________
   ( ) ROTC Scholarship:_________________________________________________________
   ( ) Others:_______________________________________________________________
                                   ________________________________________________________________

   Extracurricular Activities:
   ( ) Class or Student Body Office:_______________________________________________
                                   ________________________________________________________________
   ( ) Athletics:_______________________________________________________________
( ) School Clubs:____________________________________________________________

( ) Boy/Girl Scouts:__________________________________________________________

( ) Eagle/Gold Scout Award:____________________________________________________

( ) Boy/Girls State:____________________________________________________________

( ) Youth Service Groups:_____________________________________________________

( ) School Publication Staff:___________________________________________________

( ) Debate Team:____________________________________________________________

( ) ROTC:_________________________________________________________________

( ) Others:_________________________________________________________________

Use additional paper if necessary.
Parents’ Full Names:______________________________________________________________

Parents’ Address:______________________________________________________________   City   State   Zip +4

Parents’ Phone Numbers(s):______________________________________________________

Hometown Newspaper:___________________________________________________________

By signing below, I hereby certify that:

- The information on this form and in other items from my packet is accurate and truthful. Any changes to this information will be reported immediately.

- I am a legal resident of North Carolina’s 8th Congressional District.

- I have read the nominating procedures and am familiar with the nomination criteria and requirements.

- I understand that if I have committed (or commit in the future) a serious act of misconduct, I must disclose this information to the Office of Congressman Hudson as soon as possible. A serious act of misconduct includes (but is not limited to) conviction of a crime, an act of dishonesty, acts of theft or misappropriation of property, cheating, etc.

- I understand that, in order to be considered, all the required application items must be submitted to and received by the Concord District Office by 5:00 p.m. on Monday, October 14, 2019.

__________________________________________                     ______________________
Applicant Signature                     Date

____________________________________
Print Full Name

Please return to:  Congressman Richard Hudson (NC-08)  
325 McGill Avenue NW, Suite 500  
Concord, NC 28027