Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative David B. McKinley, P.E., his staff and the Academy Admissions Office.
Please print clearly or type the following information:

1. Applicant Information

First Name: ____________________  Middle Name: ____________________

Last Name and Suffix: ________________________________________________

Preferred Name/Nickname: ____________________________________________

Social Security Number: _______ - _______ - _______

Physical Address: ______________________________________________________

Mailing Address: ______________________________________________________

County of Permanent Residence: _________________________________________

Phone Number: _______ - _______ - _______

Alternate Phone Number: _______ - _______ - _______

Email Address: _________________________________________________________

Gender:  Male_______  Female _______

Date of Birth: _______ / _______ / _______

Will you be 17 but not yet 23 years of age by July 1 of the year you are admitted to the academy?

_____ Yes  _____ No

Mother's Name: _______________________________________________________

Mother’s Phone: _______ - _______ - _______

Father's Name: _________________________________________________________

Father’s Phone: _______ - _______ - _______

Legal Guardian (if applicable): __________________________________________

Legal Guardian’s Phone: _______ - _______ - _______
Are you currently or have you ever been married?  _____ Yes  _____ No

Do you have any dependants?  _____ Yes  _____ No

Have you ever been arrested?  _____ Yes  _____ No

If so, please explain:  __________________________________________________

________________________________________________________________________

II.  Academy Preferences

Please rank each of the Academies in your order of preference for attendance, with #1 being your first choice and “No” if you are not interested.  Rank only the Academies to which you will be submitting applications and will attend if offered an appointment.

U.S. Air Force Academy - 1  2  3  4  No Interest

Have you opened a Preliminary Application?  Yes  No

U.S. Military Academy (West Point) - 1  2  3  4  No Interest

Have you opened a Preliminary Application?  Yes  No

U.S. Naval Academy - 1  2  3  4  No Interest

Have you opened a Preliminary Application?  Yes  No

U.S. Merchant Marine Academy - 1  2  3  4  No Interest

Have you opened a Preliminary Application?  Yes  No

U.S. Coast Guard Academy - 1  2  3  4  No Interest

Have you opened a Preliminary Application?  Yes  No

(Nominations are not required for admission to the Coast Guard Academy)

Are you seeking a nomination from any other source?  _____ Yes  _____ No

_______ President Donald Trump  _______ Vice President Mike Pence
_______ U.S. Senator Shelley Moore Capito  _______ U.S. Senator Joe Manchin
_______ JROTC

It is in your best interest to request a nomination through all sources available to you.  If your father or mother is active duty military, retired military, or was killed in action, you may be eligible for a Presidential or Vice Presidential nomination.  Please consult the appropriate Service Academy for further information.
Will you be a United States Citizen at the time of enrollment?  _____ Yes  _____ No
Are you a legal resident of the 1st Congressional District of WV?  _____ Yes  _____ No
Have you applied for a nomination in a previous year?  _____ Yes  _____ No
Have you been contacted directly by any Academy?  _____ Yes  _____ No
If yes, which Academy contacted you and who?  ____________________________________________
                                                                                           ____________________________________________
                                                                                           ____________________________________________

III. Academic Qualifications

High School: __________________________________________________________________________
Telephone Number: ______________________________________________________________________
Mailing Address: _________________________________________________________________________
Principal: ______________________________________________________________________________
Counselor: ______________________________________________________________________________
Graduation Year: ______________

Test Scores:
(include high school transcript and ACT/SAT results)

SAT Scores:  Math: _____  Verbal: _____  Writing: _____  Composite: _____
ACT Scores:  ACT English___________  ACT Math___________
                ACT Reading_________  ACT Science/Reasoning_________
                ACT Plus Writing_________ (required by USMA)

            Composite Score_________
Are you scheduled to re-take any of your tests? ______________  Date(s) ______________
High School Class Rank ________________ out of ___________________ class size.
*(If your school does not rank, please estimate)*

Class Percentile:       Top 1%  5%  10%  25%  50%

Grade Point Average (GPA): ________________________ Grade Scale Used: _____________
*Grade Point Average, Scale, Class Rank and Size should be included on your high school transcript.*

Advanced Placement Courses Taken and AP Score:
______________________________________________________________________________
______________________________________________________________________________

Academic Awards or Special Achievements:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Submit college entrance examination board scores - ACT and/or SAT and High School/College transcripts. ACT/SAT scores reported on your official certified transcript are acceptable.

College Attended (if applicable): ___________________________________________________

Mailing Address: __________________________________________________________________

Major: _______________________________   Years Attended: ____________________________

Hours Completed: ______________________   GPA: _________________________________

List any additional comments concerning your transcript or test scores you want to share with the interview panel:
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
IV. Athletic Activities  
(Grades 9-12) and college - if applicable)

<table>
<thead>
<tr>
<th>Sport</th>
<th>Years in Sport</th>
<th>Awards/ Special Recognition</th>
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<tbody>
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</table>

Have you been in contact with athletic coaches at any Academy?  
_____ Yes  _____ No

If so, explain:

<table>
<thead>
<tr>
<th>Academy</th>
<th>Sport</th>
<th>Coach/Contact Name</th>
<th>Telephone Number</th>
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</table>
V. Non-Athletic Activities

<table>
<thead>
<tr>
<th>Have you been</th>
<th>Number of years - grades 9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class President</td>
<td>___________________________</td>
</tr>
<tr>
<td>Class Officer</td>
<td>___________________________</td>
</tr>
<tr>
<td>Student Body Officer</td>
<td>___________________________</td>
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<tr>
<td>JROTC Detachment Commander</td>
<td>___________________________</td>
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<tr>
<td>JROTC Member</td>
<td>___________________________</td>
</tr>
<tr>
<td>Officer of a School Club</td>
<td>___________________________</td>
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<tr>
<td>Boys/Girls State</td>
<td>___________________________</td>
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<tr>
<td>Boys/Girls Nation</td>
<td>___________________________</td>
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<tr>
<td>National Honor Society</td>
<td>___________________________</td>
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<tr>
<td>Eagle Scout/Gold Award</td>
<td>___________________________</td>
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<tr>
<td>Boy/Girl Scout Member</td>
<td>___________________________</td>
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<tr>
<td>Civil Air Patrol Member</td>
<td>___________________________</td>
</tr>
<tr>
<td>Civil Air Patrol Detachment Officer</td>
<td>___________________________</td>
</tr>
<tr>
<td>4-H/FFA Member</td>
<td>___________________________</td>
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<tr>
<td>4-H/FFA Club Officer</td>
<td>___________________________</td>
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<tr>
<td>Other Officer Non-School Club</td>
<td>___________________________</td>
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<tr>
<td>Editor School Publication</td>
<td>___________________________</td>
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<tr>
<td>Drama/Speech/Debate Club Member</td>
<td>___________________________</td>
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<tr>
<td>School Band/Chorus</td>
<td>___________________________</td>
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<tr>
<td>Other</td>
<td>___________________________</td>
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</tbody>
</table>

List other non-athletic extracurricular activities and leadership positions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Non-athletic awards or special achievements:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
VI. Prior Military Service

Have you had any prior service with the military? Yes____ No____

_____Active _____Guard _____Reserve

Branch: ______________________________

Years: _______________

Highest Rank: ______________

Discharge Code: __________________

Has a parent, grandparent or sibling attended a Service Academy? Yes____ No____
(If yes, please list)

<table>
<thead>
<tr>
<th>Name</th>
<th>Service Academy</th>
<th>Year of Graduation</th>
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</table>

VII. Employment History

Reverse chronological order: use additional sheets if necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates</th>
<th>Position</th>
<th>Hrs. per week worked</th>
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Motivation for working:

________________________________________________________________
________________________________________________________________
________________________________________________________________
VIII. Ethics

In two hundred words or less, describe how you handled a difficult ethical choice you have had to make or a situation that tested your integrity. (Please type or print clearly on a separate page).

IX. Essay

In five hundred words or less, explain why you want to attend a Service Academy. (Please type or print clearly on a separate page).

X. Other information you would like Congressman McKinley and the interview panel to know.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Do I have your permission to use your name in a press release?

Yes_____  No _____

Name of hometown newspaper ________________________________________________
AFFIDAVIT OF DOMICILE

THIS FORM IS TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL SEEKING MY NOMINATION TO A UNITED STATES SERVICE ACADEMY. IF YOU ARE NOT A MINOR (UNDER 18 YEARS OF AGE), YOU MAY ALSO COMPLETE THE FORM.

This statement establishes that the applicant or his/her parent or guardian is domiciled in the State of West Virginia. Domicile is defined as a person’s fixed, permanent and principal home for legal purposes.

I, ___________________________________________________, being of lawful age (18) and a resident of_____________________________________, ________________________________, West Virginia, (CITY) (COUNTY) do on oath and under penalties of perjury, depose and say:

That I am the parent entitled to the custody of, or the legal guardian of___________________________, (NAME OF APPLICANT) a minor, or I am the applicant who has reached the age of majority, who has applied to Congressman David B. McKinley, P.E. for consideration as a nominee to a U.S. Service Academy; that said individual is either my son/daughter and is my legal ward who lives with me or myself: and that our/my domicile is: __________________________________________________________.

This is in evidence thereof, I depose and say that:
I am registered as a voter in _______________________, __________________________ ________ (CITY) (COUNTY) (STATE)
And I file income tax returns and pay income taxes to the State of ________________________________.

SIGNATURE: ________________________________ DATE: ________________
XI. Privacy Statement

*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 of the items on the application check-list. I further understand that Congressman McKinley's Morgantown Office must be in receipt of all application materials no later than 5:00 p.m. November 1, 2019.*

Signature:

________________________________________________________________________

Print Signature:

________________________________________________________________________

Date: ____________________________________________________________________

Please return your completed application to:

Congressman David B. McKinley, P.E.
709 Beechurst Avenue, Suite 29
Morgantown, WV 26505

Any questions should be directed to:

Linda Wooldridge
Director, Constituent Services
Academy Nominations Coordinator
(304) 284-8506 office
(202) 731-9230 cell
linda.wooldridge@mail.house.gov