U.S. Service Academy Nomination Application Full Name: (Last) (First) (Middle) Resident of Michigan's Second Congressional District? Yes No Permanent Address: (Number and Street) (City) (Zip Code) (State) Affix Headshot Here Telephone ()_____ E-Mail_ 2" x 3" Height: Weight: Vision (Uncorrected): (i.e. Left: 20/20, Right: 20/40) Age:_____ Date of Birth: _____(Month/Day/Year) Place of Birth: (City, State) Are you a United States citizen? Yes ___ No ___ Dual citizenship, if any:

Occupation: _	
Rank:	Years of Service:
Telephone: ()
Occupation:_	
Rank:	Years of Service:
nilitary? If so, p	ease make any notations
	Rank: Telephone: (Occupation:_ Rank:

	High School	<u>Information</u>	
High School Name:			
High School Address:			
(Number and Street)	(City)	(State) (Zip)	
Anticipated Graduation Date:		_	
Grade Point Average:	Class Rank:	Class Size:	
Have you completed any coll-	ege-level courses? Yes	No	
If yes, which subjects and how	w many credits did you receive	e?	
	College Entr	rance Exams	
Have you taken the SAT?	If yes, m	onth/vear taken?	
			Writing:
· ·	rocedure may be at each Aca cept your best overall one-tin	•	•
	Athletic Pa	articipation	
Sport	Seasons in Sport	No. of Varsity Letters	Special Recognition
1			
2.			
3.			
4			

Club/Organization	Extracurricular Time with Club	_	Special Recognition
ve you attended Boys or G	rls State? Yes No		
	Community In		G : 1D :::
Organization	Responsib	ollities	Special Recognition
Employer	Employs Time with Employer	ment Responsibilities	Hours/Week
Limployer	Time with Employer	ксэронынись	Hours/ week
e vou currently on military	active duty? Yes No	n	

Personal Statement

Provide a personal essay (at least 500 words) describing why you want to attend a United States Service Academy. In this essay, please also include what makes you a qualified and unique candidate for a nomination.

Non	nination Information	
Rank your preferences in order of which Service	Academy you would like to attend.	
1.	Applie	cation Submitted
2	□ Applic	cation Submitted
3	□ Applic	cation Submitted
т	⊔ Applic	cation Submitted
An appointment to the Service Academies is base and implies recognition by the appointee of an ob- Are you interested in an appointment on that basis	oligation to the government to devote	
Have you applied for nomination with Congressr	nan Moolenaar before? Yes	No
If yes, when? Did you	receive a nomination? Yes	No
Are you pursuing other forms of nomination?		
Ado	litional Information	
Name of hometown newspaper:		
Is it okay to use your name in a press release afte	r receiving an appointment? Yes	No
T ((6D 1.4	
<u>Letter</u>	s of Recommendation	
Please provide three letters of recommendation for position to comment on your leadership ability, career. It is suggested that the letters come from pleacher, counselor, employer, clergyman, coach of	haracter, and suitability for an acade people who can give a view of all as	emy nomination and military
List the names and titles and phone numbers of the	ne references who will write letters of	on your behalf.
1(Name)		
(Name)	(Phone Number)	(Title)
2.		
2. (Name)	(Phone Number)	(Title)
3. (Name)	(Phone Number)	(Title)

I have read the information explaining Congressman Moolenaar's nominating procedures. I certify that I am a U.S. Citizen and a legal resident of the Second Congressional District and the information I am submitting is accurate. I understand that my application must be completed and returned to Congressman Moolenaar before 5 p.m. on October 31, 2025 to be given full consideration.

Congressional Office Use Only	
Application	(3) Letters of Recommendation
High School Transcript	Letter(s) of Assurance
SAT	Nomination(s) Offered
Personal Statement	Appointment(s) Offered

Please submit to: The Honorable John Moolenaar Attn: Keisha Wolgast 431 N McEwan Street Clare, Michigan 48617

