

U.S. CONGRESSMAN MO BROOKS CONGRESSIONAL NOMINATION FORM



Class of 2026

Please note this application is CONFIDENTIAL. The application and any supporting documents will be reviewed by Congressman Mo Brooks, his staff, and the academy nomination advisory board.

THIS FORM MUST BE TYPED

GENERAL INFORMATION

Full Name: _____
(First) (Middle) (Last) (Preferred Name)

Permanent Home Address: _____
(Street)

_____ (City) (State) (Zip Code)

Mailing Address (if different from permanent): _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Date of Birth: _____ / _____ / _____

High School: _____ Hometown Newspaper: _____

Are you a U.S. citizen? [] Yes [] No Gender: [] Male [] Female

I have also applied to the following sources for a nomination:

[] Sen. Richard Shelby [] Sen. Tommy Tuberville [] President Joe Biden [] VP Kamala Harris

SERVICE ACADEMY PREFERENCE

Please indicate which academy you would like to attend; if you are interested in more than one academy, please rank them in order of your preference, first to last. Rank only the academies you have applied to and that you will attend, if accepted. The U.S. Coast Guard Academy is not listed because they do not require a Congressional nomination.

_____ U.S. Air Force Academy _____ U.S. Military Academy

_____ U.S. Merchant Marine Academy _____ U.S. Naval Academy

Have you previously applied for or received a nomination from Congressman Brooks? [] Yes [] No

If yes, what year and what service academy? _____

Have you been contacted directly by an academy or received a Letter of Assurance or Letter of Encouragement?

[] Yes [] No If yes, which academy (academies)? _____

FAMILY INFORMATION

Name of parent(s)/legal guardian(s): _____

Mother's Cell Phone: (_____) _____ Father's Cell Number: (_____) _____

Are you the child of an active or retired member of the U.S. military? [] Yes [] No

Are you the child of a deceased veteran, disabled veteran, prisoner of war, serviceman missing in action or Medal of Honor awardee? If yes, please specify: _____

Has a parent, grandparent or sibling attended a service academy? [] Yes [] No

(Name) (Relationship) (Service Academy) (Graduating Year)

(Name) (Relationship) (Service Academy) (Graduating Year)

EDUCATIONAL INFORMATION

High School Attended: _____
(High School Name)

(High School Address) (City) (State) (Zip)

(School Phone Number) (Guidance Counselor's Name)

Expected Date of Graduation (Month/Year): _____ / _____ High School GPA: _____

Class Rank: _____ / _____ students Class Percentage (Top % of Class): _____

SAT Scores/Date: ERW _____ / _____ MTH _____ / _____

ACT Scores/Date: MTH _____ / _____ ENG _____ / _____ RDG _____ / _____ SCI _____ / _____

Note: If you have taken more than one SAT/ACT test, enter highest section score and relevant test date.

Have you attended any college classes? [] Yes [] No Currently Attending? [] Yes [] No

If yes, college attended: _____
(College/University Name)

(College/University Address) (City) (State) (Zip)

Date(s) Attended: _____ Major/Minor: _____

Credit Hours Earned: _____ Current GPA: _____ Number of Current Semester Hours: _____

MILITARY SERVICE/EXPERIENCE

Have you had any prior service with the military? [] Active [] Guard [] Reserve [] No

(Branch)

(Dates Served)

(Highest Rank)

Have you had any prior service in JROTC or Civil Air Patrol? [] Yes [] No

If yes, what is the highest rank achieved? _____

Have you attended any service academy summer programs? [] Yes [] No

If yes, which academy's program and when? _____

APPLICATION AGREEMENT

An appointment to a service academy is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote themselves to a military career. Are you interested in an appointment on that basis? [] Yes [] No

Is it okay to use your name in a press release after receiving a nomination or appointment? [] Yes [] No

I hereby state that I am a U.S. citizen and legal resident of the 5th Congressional District of Alabama and certify that all information contained in this nomination application packet is true and correct to the best of my knowledge. Any changes to this information will be reported as soon as possible to Congressman Mo Brooks' Huntsville district office. Additionally, I understand that I will not be considered for a nomination if my required application packet documents are incomplete or not received by the **October 25, 2021 deadline, no later than 5:00 p.m. CST.**

(Full Name)

(Signature)

Date: _____ / _____ / _____

PICTURE

Please adhere a recent, color picture in the space below. We recommend that the applicant also include his/her name on the back of the photo should it become detached during the review process.

