

## Candidate Information Sheet

(Please Type or Print Legibly)

Academy: \_\_\_\_\_

Pref. Order No.: \_\_\_\_\_

(Note: If you are seeking nomination to more than one academy, please submit one information sheet for each academy. Please indicate the order of preference for each academy. Photocopies are acceptable.)

Other Sources of Academy Nominations Pursued: \_\_\_\_\_  
(ie. Presidential, Senatorial, etc.)

### **PERSONAL**

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

American Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Address: (Must be within the 1st District of Oklahoma)

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Temporary Address: Dates at this Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Telephone(\_\_\_\_) \_\_\_\_\_ School Telephone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address (if different from your own)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hometown Newspaper \_\_\_\_\_

**MEDICAL**

1. Is your eyesight 20/20 UNCORRECTED? YES \_\_\_\_\_ NO \_\_\_\_\_
2. If not, what is your visual acuity uncorrected? Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_
3. Do your eyes correct to 20/20 with contacts or glasses? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you anticipate any other medical problems? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, state nature \_\_\_\_\_

**ACADEMIC**

1. Class Standing: \_\_\_\_\_ in a class of \_\_\_\_\_
2. Grade Point Average (GPA) \_\_\_\_\_ weighted \_\_\_\_\_ unweighted
3. Scholastic Aptitude (SAT): Science \_\_\_\_\_ Reading \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_
4. A.C.T. SCORES: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Total \_\_\_\_\_
5. Please attach a copy of your most recent transcript and photograph.
6. Please list awards and honors received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

Please indicate involvement and explain when necessary

( ) Class Officer or Student Body Office \_\_\_\_\_

( ) Varsity Athletics (Indicate if Letter Received)

\_\_\_\_\_

( ) JROTC \_\_\_\_\_

( ) CAP \_\_\_\_\_

( ) Intramural Athletics \_\_\_\_\_

( ) School Clubs \_\_\_\_\_

( ) Youth Service Groups \_\_\_\_\_

( ) Boy/Girl Scouts \_\_\_\_\_

( ) Work History \_\_\_\_\_

( ) Other \_\_\_\_\_

Other Information You Wish To Be Considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three Personal References .... Name, Address, and Phone Number

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use Additional Paper If Necessary.**

**Please return to:  
Congressman John Sullivan  
Attn: Academy Nominations  
2424 East 21st Street, #510  
Tulsa, OK 74114  
(918)748-0014  
Fax (918)748-0781**