The Office of Congressman Byron Donalds

Florida's Congressional District

Application for Nomination to U.S. Service

Academies

Please complete this application and submit all supporting documents no later than October 4, 2024, at 11:59pm. Applications will be accepted via electronic submission to the Congressman Academy Nominations official email, DonaldsAcademyNominations@mail.house.gov .
If you have any questions, please email Helen Pferdehirt at
DonaldsAcademyNominations@mail.house.gov .

I.Applicant Information:

Personal Information Name (Last, First Middle) : _____

Preferred name (if different from above): _____

Date of birth (MM/DD/ YYYY): _____

Social Security Number: _____

Permanent Address: _____

City: _____ State: _____ Zip code: _____

Temporary Address (if applicable): _____

City: _____ State: _____ Zip code: _____

Phone number:_____ E-mail Address:_____

Are you a US Citizen? Yes / No If not, list your country of citizenship: Yes   No

_____

Are your parents legal residents of the 19th Congressional District of Florida? Yes   No

Parents/Guardian Name: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip code: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

II. Academy Preference:

Please rank the Academies to which you are seeking a nomination in order of preference (1-4): (If you do not mark an Academy or do not open a file with that Academy, you will not be considered for that academy)

U.S. Air Force Academy _____ U.S. Merchant Marine Academy _____

U.S. Military Academy _____ U.S. Naval Academy _____

Have you applied for a Service Academy nomination to any source, congressional or otherwise, for a class entering prior to this year? Yes   No

If so, what was the result? _____

_____

Please indicate all other Service Academy nomination sources to which you are applying:

President   Vice President   JROTC   Senator Rubio   Senator Scott

If you are now in the military, please list your branch of service: _____
Rank: _____ Length of Service: _____

III. High School Information:

High School Name:_____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number:_____ Year you will graduate:_____
Class rank/Class size (ex. 3/250):_____ Unweighted GPA (ex. 3.5/4.0)_____

 IV. Post-Secondary Information:_____

Post-Secondary Institution Name:_____

 Address: _____

 City: _____ State: _____ Zip code: _____

Phone Number: _____ Year you will graduate:_____
Class rank/Class size (ex. 3/250) :_____ Grade Point Average (ex. 3.5/4.0) _____

SAT/ACT Scores

Please request a score report of all scores wanting to be included and reviewed through the College Board and ACT.

SAT Test Code: 5424

ACT Test Code: 7339

IV. Extracurricular Activities:

List any significant offices you have held since entering ninth grade:

In what non-athletic, extracurricular activities or work experiences have you participated since entering ninth grade?

List any non-athletic awards, achievements, prizes or accomplishments not listed above:

List any sports that you participated in during high school, and indicate varsity letters received if any:

List any athletic awards or special recognition you have received:

In addition to the above application you will need to submit a one page, single spaced, essay on why you would like to attend a service academy and what makes you a competitive candidate. Your full name must be included in the header.

Please Read Carefully Before Signing: It is my sincere desire to attend a U.S. Service Academy, and I intend to pursue a vigorous academic course of study if appointed. I understand that attending a service academy also requires a minimum of five years of military service following graduation, and I fully commit to this responsibility. I am a U.S. Citizen, or will be by July 1 of the year I will attend the Academy. I will be at least 17 years, but not yet 23 years of age, on July 1 of the year I attend the Academy. I am not married. I am not pregnant, nor do I have any child support obligations. I am a legal resident of the 19th Congressional District of Florida. I certify that the information I have provided in the application packet is accurate. Any changes to this information will be reported immediately. Additionally, I understand that I will not be considered for a nomination if the required documents are incomplete or are not submitted by October 4, 2024.

_____ _____

Signature   Date

In signing this form, you are stating that you understand the nomination requirements for Congressman Byron Donalds and that you will abide by these requirements