



*Congressman Jeff Miller  
First District of Florida*

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*U.S. Service Academy Application  
Class of 2021*

*Please direct any questions to*

*Congressman Jeff Miller's District Office  
4300 Bayou Boulevard  
Suite 13  
Pensacola, Florida 32503*

*Telephone 850.479.1183  
Fax 850.479.9394*

## **Congressman Jeff Miller's Nominations Process Timeline for the Class of 2020**

All applications and required materials **MUST** be postmarked and addressed to Congressman Jeff Miller district office in Pensacola or Fort Walton Beach, by **30 September 2016**. If you do not submit all of the requested information by the postmark deadline, your application may not be given full consideration.

In addition to the enclosed application, the following materials are needed to complete your file and will be used in the selection process. All application materials should be submitted together in a single package (with the exception of official SAT/ACT scores). The enclosure of unsolicited material may not be used for consideration for a Congressional Nomination.

### **Package Requirements**

#### **THREE (3) REFERENCES**

- The applicant should submit three references attesting to the applicant's qualifications and motivations to attend a service academy.
- Those persons used as references should not be relatives of the applicant. High school instructors, high school guidance counselors, coaches, and former employers are preferred.
- Please have references use the enclosed forms as cover sheets for their statements of reference.
- Letters of reference should arrive in sealed envelopes within your application package.

#### **APPLICANT STATEMENT**

- The applicant should submit an essay of 500-750 words.
- The essay should be typed and double-spaced, and state what motivates him or her to attend a Service Academy and why he or she is the most competitive candidate requesting a Congressional Nomination. Ensure full name is on the document as well.

## ACADEMIC TRANSCRIPT

The applicant must submit a certified high school or most recent college transcript, which includes class rank.

## SAT/ACT SCORES

The applicant is to request that SAT and/or ACT examination results be forwarded to Congressman Jeff Miller's office. Score **must be received from testing center**; student copy is not acceptable. The following codes are to be used:

SAT code: 0212

ACT code: 7321

## APPLICANTS PHOTO

- The applicant is to enclose a personal photo as part of the application.
- The submitted photo will include only the applicant.
- Photo is to be a full length (head to toe) photograph, adhered to a letter size sheet of blank paper with the applicants full name at the bottom.

## APPLICANT RESUME

Each applicant should complete a typed resume of no more than two pages (12 font with one inch margins). The period covered should be from the freshman to the senior year of high school; identifying achievements in each grade. The resume should contain the following information as a minimum:

**Extracurricular Activities** (Please include both school-related and outside activities; note leadership positions held.)

Freshman:      Sophomore:      Junior:      Senior:

**Athletic Activities** (Please note varsity letters earned and leadership positions held.)

Freshman:      Sophomore:      Junior:      Senior:

**Scholastic honors**

Freshman:      Sophomore:      Junior:      Senior:

**Employment**

Please list any part-time or full-time jobs you have held since you have been in high school. Include employer, date employed, hours/week worked, and position(s) held.

**Congressman Jeff Miller's Application for  
Service Academies Congressional Nominations  
Class of 2020**

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security (last four digits only) \_\_\_\_\_

Email address: \_\_\_\_\_

First District Mailing Address (Home of Record if military):

Street \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: (if different from above)

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Temporary Address (if necessary):

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Have you ever applied for a Congressional Nomination from Congressman Miller?  
Please circle one: (yes no) If yes, what year? \_\_\_\_\_

Have you verified that you are a resident of the First District of Florida?  
Please circle one: (yes no)

**OTHER NOMINATING SOURCES**

Are you eligible for a Presidential nomination? **YES NO**

Please list all other Service Academies’ nominating sources that you have pursued:

**Senator** \_\_\_\_\_ and/or \_\_\_\_\_ (name)

**JROTC** \_\_\_\_\_ (yes or No)

**Other (please list)** \_\_\_\_\_

**ACADEMY PREFERENCE**

Please rank your preference indicating your first choice, second choice, etc. (If you have no interest in a particular Academy, leave blank.)

Please also circle either ‘Y’ for yes or ‘N’ for no regarding whether you have opened a file with an Academy. Applicants **must have an open file** with the academies to which they are seeking a nomination, **NLT October 21st.**

Rank:

\_\_\_\_\_ U.S. Air Force Academy (USAFA)  
Colorado Springs, Colorado

Have you contacted the academy? **Y N**

\_\_\_\_\_ U. S. Merchant Marine Academy (USMMA)  
Kings Point, New York

Have you contacted the academy? **Y N**

\_\_\_\_\_ U.S. Military Academy (USMA)  
West Point, New York

Have you contacted the academy? **Y N**

\_\_\_\_\_ U.S. Naval Academy (USNA)  
Annapolis, Maryland

Have you contacted the academy? **Y N**

**Following (Pg 6-8) required to be completed by Guidance Counselor**

EDUCATIONAL INFORMATION: This form must be completed by the high school guidance counselor of the candidate for nomination to one of the United States Service Academies. (Reported information is not a substitute for required official documentation.)

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

County: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Grade Point Average/Scale: unweighted: \_\_\_\_\_ weighted: \_\_\_\_\_

Class Standing: \_\_\_\_\_ of \_\_\_\_\_

If currently in College or Preparatory School:

School: \_\_\_\_\_

Major: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_

Grade Point Average/Scale: \_\_\_\_\_

College Entrance Examinations (SAT/ACT)(if known)

SAT 1st exam date and scores: \_\_\_\_\_

Additional exam date and scores: \_\_\_\_\_

Additional exam date and scores: \_\_\_\_\_

ACT 1st exam date and scores: \_\_\_\_\_

Additional exam date and scores: \_\_\_\_\_

Additional exam date and scores: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Guidance Counselor: After review of applicants overall record and/or through personal observation, please answer the following:**

What do you consider to be the applicant's talents or strengths? (Attach sheet if desired)

What do you consider to be the applicant's weaknesses? (Attach sheet if desired)

Do you know of any personal circumstances or conditions, which might adversely affect the applicant's performance at the academy? If yes, please explain:

Applicant Name: \_\_\_\_\_

Guidance Counselor: Please give us your appraisal of the applicant in terms of the qualities listed below by marking with an "x" under the appropriate column.

|                                   | Outstanding<br>Top 5 % | Superior<br>Top 15 | Excellent<br>Top 1/3 | Good<br>Mid 1/3 | Average<br>Bot 1/3 | Poor | Not<br>Observed |
|-----------------------------------|------------------------|--------------------|----------------------|-----------------|--------------------|------|-----------------|
| Intellectual                      |                        |                    |                      |                 |                    |      |                 |
| Ability                           |                        |                    |                      |                 |                    |      |                 |
| Ability to<br>work With<br>Others |                        |                    |                      |                 |                    |      |                 |
| Leadership<br>Qualities           |                        |                    |                      |                 |                    |      |                 |
| Imagination<br>& Creativity       |                        |                    |                      |                 |                    |      |                 |
| Motivation                        |                        |                    |                      |                 |                    |      |                 |
| Maturity                          |                        |                    |                      |                 |                    |      |                 |
| Overall<br>Character              |                        |                    |                      |                 |                    |      |                 |

Please comment on the ratings that you have assigned above and any additional statement about the applicant's record, potential, or personal qualities which you believe would be helpful in considering this person's application for one of the service academies. (Do not hesitate to attach additional sheets)

(Attach continuation sheet, if necessary)

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please send this form and a certified copy of transcripts directly to\*\***

**Congressman Jeff Miller  
Attn: Academy Nomination  
4300 Bayou Boulevard, Suite 13  
Pensacola, FL 32503**

## REFERENCES

The applicant should submit a maximum of three (3) references attesting to the applicant's qualifications and motivation to attend a Service Academy. High school instructors, guidance counselors, coaches, mentors, and employers are preferred. (Note: References should not be relatives of the applicant.)

**Please have references use enclosure one (1)** as cover sheets for their statements of reference. Letters of reference should arrive in sealed envelopes within your application package or mailed separately.

Please list the names and contact information of the individuals who will be writing letters of recommendation on your behalf.

References (Name/phone number or email if overseas):

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

***\*\*For your use, three copies of the cover sheet are provided at the end of this package\*\****

## ACKNOWLEDGMENT

I request that Congressman Miller consider my application for a Congressional Nomination to a United States Service Academy or Academies that I have listed. I affirm that I have never been convicted or arrested for violating a state or federal statute.

I have enclosed the additional requested information with my application (please initial):

\_\_\_\_\_ Applicant's Personal Data (from this package)

\_\_\_\_\_ Applicant's Academic Resume

\_\_\_\_\_ Applicant's Photo (adhered to a blank page with applicant's full name at bottom)

\_\_\_\_\_ Applicant's Personal Statement

\_\_\_\_\_ Applicant's Academic Transcripts

\_\_\_\_\_ Applicant's ACT/SAT Scores ( *sent directly from testing centers*)

\_\_\_\_\_ Applicant's References with coversheet for each reference

I understand that the enclosure of unsolicited material may not be used for consideration for a Congressional Nomination.

I understand that the postmark deadline for applications is **September 30, 2016**. If I have not submitted all of the requested information postmarked by the deadline, I understand that my application may not be given full consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION PACKAGE POSTMARKED NO LATER THAN SEPTEMBER 30, 2016:**

**The Honorable Jeff Miller  
ATTN: Academy Nomination  
4300 Bayou Blvd Suite 13  
Pensacola, FL 32503**

**Congressman Jeff Miller  
Academy Nomination Package**

**Reference Cover Sheet**

USE THIS FORM AS A COVER SHEET FOR YOUR STATEMENT

Applicant's name you are providing a reference for:

\_\_\_\_\_

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Preferred phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been known by applicant:

\_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

Any prior Military Service and if so rank, branch and years of service:

\_\_\_\_\_

(References should not be relatives of the applicant.)

The applicant has requested that Congressman Miller consider him or her for a Congressional Nomination to one or several of the Service Academies. In your own words, on an attached page, please state your personal knowledge of his or her qualifications and motivation to attend a Service Academy. Please sign and place in a sealed envelope.

Please return your sealed recommendation to your applicant to be returned with his or her application.

Enclosure (1)

**Congressman Jeff Miller  
Academy Nomination Package**

**Reference Cover Sheet**

USE THIS FORM AS A COVER SHEET FOR YOUR STATEMENT

Applicant's name you are providing a reference for:

\_\_\_\_\_

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Preferred phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been known by applicant:

\_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

Any prior Military Service and if so rank, branch and years of service:

\_\_\_\_\_

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Enclosure (1)

## Academy Nomination Package

### Reference Cover Sheet

USE THIS FORM AS A COVER SHEET FOR YOUR STATEMENT

Applicant's name you are providing a reference for:

\_\_\_\_\_

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Preferred phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been known by applicant:

\_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

Any prior Military Service and if so rank, branch and years of service:

\_\_\_\_\_

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