

UNITED STATES AIR FORCE ACADEMY APPLICATION (PRECANDIDATE QUESTIONNAIRE/PCQ)

SIDE 1

Form Approved
OMB No. 0701-0087
EXPIRES



(This form is subject to the Privacy Act of 1974.)

1. NAME (please print, using capital and small letters)		NAME BY WHICH YOU PREFER TO BE ADDRESSED																																																																																																																																																																																																									
LAST NAME	FIRST NAME	MIDDLE NAME																																																																																																																																																																																																									
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NAME	ADDRESS	CITY	STATE																																																																																																																																																																																																								
11. DID YOU ATTEND COLLEGE OR PREP SCHOOL AFTER HIGH SCHOOL GRADUATION? IF YOU DID, LIST SCHOOL BELOW:		CITY	STATE																																																																																																																																																																																																								
12. (MANDATORY ENTRY) Name of Congressman in your Congressional District and your Congressional District Number		STATE	ZIP CODE																																																																																																																																																																																																								
14. If you do not attend the Air Force Academy, are you interested in participating in Air Force ROTC at a civilian college?		15. Is your uncorrected vision 20/50 or better?																																																																																																																																																																																																									
Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>																																																																																																																																																																																																									
16. Were you a candidate for the Academy last year?		17. HIGH SCHOOL ETS CODE																																																																																																																																																																																																									
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18. Estimate your "Rank in Class," GPA and Class Size. Prefix with zeros if necessary. GPA and Class Size are MANDATORY ENTRIES.		19. YEAR of H.S. GRAD.																																																																																																																																																																																																									
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13. In block 13 report ACT and SAT scores, not percentiles. Report PLAN composite score. Report PSAT scaled scores.		10. ETHNIC BACKGROUND - Select one or more																																																																																																																																																																																																									
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DISCLOSURE IF VOLUNTARY: Failure to provide information could preclude appointment. Social Security Number is used for positive identification.

17. HIGH SCHOOL ETS CODE

18. Estimate your "Rank in Class," GPA and Class Size. Prefix with zeros if necessary. GPA and Class Size are MANDATORY ENTRIES.

19. YEAR of H.S. GRAD.

20. DATE OF BIRTH

21. FOR OFFICE USE ONLY

13. In block 13 report ACT and SAT scores, not percentiles. Report PLAN composite score. Report PSAT scaled scores.

10. ETHNIC BACKGROUND - Select one or more

8. GENDER

9. If you are currently on Active Duty in the USAF, indicate pay grade:

2. SOCIAL SECURITY NUMBER

3. AREA CODE

TELEPHONE NO.

EXTRACURRICULAR ACTIVITIES

INDICATE YOUR PARTICIPATION IN THE ACTIVITIES BY BLACKENING THE APPROPRIATE CIRCLE(S)

HIGH SCHOOL

1. HAVE YOU ACTIVELY PARTICIPATED IN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES SUCH AS SPORTS, BANDS, OR CLUBS? YES NO

2. HAVE YOU SERVED AS CAPTAIN OF AN ORGANIZED ATHLETIC TEAM? YES NO

HAVE YOU SERVED IN A HIGH SCHOOL STUDENT GOVERNMENT POSITION? YES NO

COMMUNITY SERVICE

4. HAVE YOU ACTIVELY PARTICIPATED IN COMMUNITY ORGANIZATIONS SUCH AS CHURCH, SCOUTS, 4-H, CAP, ETC.? YES NO

5. HAVE YOU RECEIVED SPECIAL RECOGNITION SUCH AS EAGLE/GOLD AWARD, BOY'S/GIRL'S STATE, BILLY MITCHELL AWARD, ETC.? YES NO

WORK EXPERIENCE

6. HAVE YOU WORKED DURING THE SCHOOL YEAR? (EXPLAIN IN REMARKS) YES NO

REMARKS (Expand on Extracurricular, Work and Other Information)

RECOMMENDATION BY HIGH SCHOOL OFFICIAL (Optional)

7. APPLICANT'S SIGNATURE I certify that all information on this form is true to the best of my knowledge

SIGNATURE DATE

IN THIS SPACE

WRITE

DO NOT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0087), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO: OFFICE OF ADMISSIONS, HQ USAF/RRS, 2304 CADET DRIVE, SUITE 200, USAF ACADEMY, CO 80840-5025.