



42994

School Official Data

Your Position:

- English Instructor
- Math Instructor
- Physics / Chemistry Instructor

Please evaluate the candidate using the following statements and specify the degree to which you agree with each statement. If you disagree or disagree strongly (4 or 5 rating) with any statement, please explain in the remarks section below.

1=Agree Strongly; 2=Agree; 3=Neither agree nor disagree; 4=Disagree; 5=Disagree Strongly

This candidate has demonstrated an ability to:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Show interest and concern for the welfare of others. |
| <input type="checkbox"/> | 2. Work effectively with others toward group goals. |
| <input type="checkbox"/> | 3. Influence others in a positive manner. |
| <input type="checkbox"/> | 4. Communicate effectively in face to face discussion. |
| <input type="checkbox"/> | 5. Communicate effectively in written work. |
| <input type="checkbox"/> | 6. Set an example of good conduct for others. |
| <input type="checkbox"/> | 7. Set high standards for own performance in a number of activities. |
| <input type="checkbox"/> | 8. Maintain composure and perform effectively under pressure. |
| <input type="checkbox"/> | 9. Adjust to demanding schedule of activities without neglecting school work. |
| <input type="checkbox"/> | 10. Seek academic challenge beyond that required by normal course work. |
| <input type="checkbox"/> | 11. Reach sound logical conclusions based on analysis of facts. |
| <input type="checkbox"/> | 12. Accept full responsibility for own actions. |

Remarks:

Please tell us how you feel this candidate will perform at the college level in your area. If you need more space, use another sheet of paper. Thank you for your time, concern and cooperation.

You have the right to request confidentiality as a condition for providing information about this candidate. Otherwise, your identity will be disclosed. Please choose one of the options to the right.

- I prefer my identity remain confidential
- My identity may be disclosed

School Official Printed Name, Title and School

Phone ()

School Official
Signature and Date:

30699

School Official Remarks

Large empty rectangular box for School Official Remarks.

High School

Grid for High School name: 20 columns by 1 row.

% Grad Class Expected To Enter:

2 Yr. College

4 Yr. College

Grid for 2 Yr. College: 4 columns by 2 rows.

Grid for 4 Yr. College: 4 columns by 2 rows.

Street Address

Grid for Street Address: 20 columns by 1 row.

ETS Code

Grid for ETS Code: 6 columns by 1 row.

City

State

Zip Code

Grid for City: 15 columns by 1 row.

Grid for State: 2 columns by 1 row.

Grid for Zip Code: 5 columns by 1 row.

Grid for Zip Code extension: 4 columns by 1 row.

(Area Code) Phone Number

Grid for Phone Number: () - -

Type of school (select one only)

- Public
- Private - Not Religious
- Private - Catholic
- Private - Other Religious
- Home
- Charter
- Correspondence
- Other
- Education Provider

(Area Code) Fax Number

Grid for Fax Number: () - -

School Official Printed Name and Title:

Large empty rectangular box for School Official Printed Name and Title.

Phone: ()

School Official
Signature and Date:

Ethnic group:	Definition:	Code:	Ethnic group:	Definition:	Code:
Mexican	of Mexican descent	6	Chinese	of Chinese descent	G
Puerto Rican	of Puerto Rican descent	4	Japanese	of Japanese descent	J
Cuban	of Cuban descent	9	Korean	of Korean descent	K
Latin American	of Central and South American descent	S	Indian	from India or of Indian descent	D
Other Hispanic	of Spanish extraction not delineated as 6,4,9, or S	1	Filipino	of Filipino descent	5
Aleut	of Aleutian descent	8	Vietnamese	of Vietnamese descent	V
Eskimo	not including Aleuts	7	Other Asian	of Asian descent not delineated as G, J, K, D, 5, or V	3
U.S./Canadian Indian	belonging to U.S. or Canadian Indian tribes (other than Aleut or Eskimo)	2	Melanesian	of Melanesian descent	E
Other	a member of an ethnic group not included here	X	Polynesian	of Polynesian descent	L
			Other Pacific Island	of Pacific Island descent not delineated as E or L	Q
			Unknown	do not know ethnic background	Z

State:	Code:	State:	Code:	State:	Code:
ALASKA	AK	KENTUCKY	KY	OHIO	OH
ALABAMA	AL	LOUISIANA	LA	OKLAHOMA	OK
ARKANSAS	AR	MASSACHUSETTS	MA	OREGON	OR
AMERICAN SAMOA	AS	MARYLAND	MD	PENNSYLVANIA	PA
ARIZONA	AZ	MAINE	ME	PUERTO RICO	PR
CALIFORNIA	CA	MARSHALL ISLANDS	MH	PALAU	PW
COLORADO	CO	MICHIGAN	MI	RHODE ISLAND	RI
CONNECTICUT	CT	MINNESOTA	MN	SOUTH CAROLINA	SC
DIST OF COLUMBIA	DC	MISSOURI	MO	SOUTH DAKOTA	SD
DELAWARE	DE	NORTH MARIANA ISL	MP	TENNESSEE	TN
FLORIDA	FL	MISSISSIPPI	MS	TEXAS	TX
FED ST OF MICRONES	FM	MONTANA	MT	UTAH	UT
GEORGIA	GA	NORTH CAROLINA	NC	VIRGINIA	VA
GUAM	GU	NORTH DAKOTA	ND	VIRGIN ISLANDS	VI
HAWAII	HI	NEBRASKA	NE	VERMONT	VT
IOWA	IA	NEW HAMPSHIRE	NH	WASHINGTON	WA
IDAHO	ID	NEW JERSEY	NJ	WISCONSIN	WI
ILLINOIS	IL	NEW MEXICO	NM	WEST VIRGINIA	WV
INDIANA	IN	NEVADA	NV	WYOMING	WY
KANSAS	KS	NEW YORK	NY		

Rank/Rate:	Code:	Rank/Rate:	Code:	Rank/Rate:	Code:
FIRST LIEUTENANT	1LT	FIREMAN APPRENTICE	FA	PLATOON SERGEANT	PSG
FIRST SERGEANT	1SG	FIREMAN	FN	PRIVATE-1	PV1
SECOND LIEUTENANT	2LT	FIREMAN RECRUIT	FR	PRIVATE-2	PV2
AIRMAN FIRST CLASS	A1C	FLEET ADMIRAL	FAD	PRIVATE	PVT
AIRMAN APPRENTICE	AA	GENERAL	GEN	R ADMIRAL UPPER HALF	RADM
AIRMAN BASIC	AB	GUNNERY SERGEANT	GSGT	R ADMIRAL LOWER HALF	RADM1
ADMIRAL	ADM	LIEUTENANT COMMANDER	LCDR	SEAMAN APPRENTICE	SA
AIRMAN	AMN	LANCE CORPORAL	LCPL	SR CHIEF PETTY OFFICER	SCPO
AIRMAN RECRUIT	AR	LIEUTENANT	LT	SERGEANT FIRST CLASS	SFC
BRIGADIER GENERAL	BG	LIEUTENANT COLONEL	LTC	SERGEANT MAJOR	SGM
CAPTAIN (USN, USCG)	CAPT	LIEUTENANT GENERAL	LTG	SERGEANT	SGT
COMMANDER	CDR	LIEUTENANT JR GRADE	LTJG	CHIEF MASTER SERGEANT	SMS
CADET	CDT	MAJOR	MAJ	SENIOR MASTER SERGEANT	SMSGT
CHIEF MASTER SGT USAF	CMSA	MASTER CH PETTY OFFICER	MCPO	SEAMAN	SN
COLONEL	COL	MAJOR GENERAL	MG	SPECIALIST 4	SP4
CORPORAL	CPL	MIDSHIPMAN	MIDN	SPECIALIST	SPC
CHIEF PETTY OFFICER	CPO	MASTER SERGEANT	MSG	SEAMAN RECRUIT	SR
CAPTAIN (ARMY, USAF)	CPT	MASTER GUNNERY SGT	MSGT	SENIOR AIRMAN	SRA
CMD SERGEANT MAJOR	CSM	MASTER WARRANT OFFICER	MWO	STAFF SERGEANT	SSG
CHIEF WARRANT OFFICER 2	CW2	OFFICER CANDIDATE	OC	TECHNICAL SERGEANT	TSGT
CHIEF WARRANT OFFICER 3	CW3	PRIVATE FIRST CLASS	PFC	UNKNOWN	UNK
CHIEF WARRANT OFFICER 4	CW4	PETTY OFFICER 1ST CLASS	PO1	VICE ADMIRAL	VADM
CHIEF WARRANT OFF 5	CW5	PETTY OFFICER 2D CLASS	PO2	WARRANT OFFICER ONE	WO1
ENSIGN	ENS	PETTY OFFICER 3RD CLASS	PO3		



United States Military Academy

Candidate Personal Data Record

Form Approved -
OMB# 0702-0060
Expires 2/28/2006

First Name

M.I.

Last Name

Address

City

State

Zip Code

Social Security Number

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of Birth

 / /
 Month Day Year

Gender:

Male Female

Adopted?

Yes No

Race

Ethnicity

(see instruction page for codes)

P

Citizenship

Are you a
U.S. citizen?
 Yes, by birth
 Yes, naturalized
 No

City of Birth

State

Country

If born overseas, you must also submit Dept. of State Form 240; if naturalized citizen, submit INS Form G-639.

Parent Information

Father Stepfather Guardian

Mother Stepmother Guardian

First Name

Last Name

Occupation

(Area Code) Daytime Phone Number

 () -

First Name

Last Name

Occupation

(Area Code) Daytime Phone Number

 () -

Military Status of Parents

If either parent has ever been a member of the Armed Forces, complete the following:

Branch of Service

Army Navy Air Force Marine Coast Guard

Rank/Rate

(see instructions for codes)

Status

Active Duty Deceased Duty Retired Discharged

Deceased while on Active

Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you seeking an appointment under Presidential or Children of Deceased or Disabled Veterans categories?
(See "Instructions for Applicants" booklet)

Yes No

83940

Are you now on active duty in the U.S. Army drawing full pay? Yes No

Are you now in the Army Reserves or Army National Guard? Yes No

If you answered yes to either of the above, give dates and location of Basic Training and Advanced Individual Training in Remarks

Are you currently or have you ever been a cadet/midshipman at any of the U.S. Service Academies or Prep Schools?

If yes, which?
 USMAPS/
 USMA USNAPS/
 USNA USAFAS/
 USAFA USNAPS(CG)/
 USCGA USMMA

(excluding current USMAPS) Yes No

Have you ever been a candidate for any of the U.S. Service Academies or Prep Schools?

(not admitted) Yes No

Do you have a brother or sister presently attending a U.S. Service Academy? If yes, enter name and gender in remarks. If multiple siblings, enter name, gender, grad year and Academy if necessary in remarks.

Yes No

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Graduation Year

Was either parent a graduate of any U.S. Service Academy?

Father Yes No

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Graduation Year

Mother Yes No

--	--	--	--

Graduation Year

If I am admitted, you may release my contact information to my local West Point Parents' Club. Yes No

Have you ever been placed on probation, suspended or expelled from any high school or college? Yes No

If yes, cite name of school, date and reason. Continue in the remarks section if necessary.

School: _____ Date: _____ Reason: _____

Have you ever been cited, arrested, convicted, or fined for any violation of law? Yes No

If yes, give complete description of incident(s) and if applicable provide the name and location of court, nature of offense, and disposition of the case. If any incident(s) resulted in a court conviction, include with this application a certified or notarized copy of the court disposition (such information can be obtained by writing or visiting the Clerk of Court) and a statement by a clerk of court, judge, or attorney as to whether the offense was a misdemeanor or felony under state law. All candidates selected as a cadet will receive a complete background investigation. Failure to report any such incident may be grounds for disqualification or dismissal.

Remarks:

I certify that the above information is complete and correct to the best of my knowledge. I am not married, I do not presently have custody of a child, and have not been ordered by a court to provide financial support to a child or children. I understand that it is the Army's policy to approve requests for accommodation of religious practices when they will not have an adverse impact on military training, unit cohesion, standards, health, safety or discipline, or otherwise interfere with the performance of a cadet's military duties which include academic, physical, and military. I understand that the accommodation of religious practices cannot be guaranteed at all times and conditions of accommodation may be changed by appropriate command authority based on Military Academy requirements.

Candidate Signature and Date (Required):

Phone: ()



United States Military Academy

Candidate Activities Record

*Form Approved -
OMB# 0702-0060
Expires 2/28/2006*

Public reporting burden for this collection of information is estimated to average 18 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 information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of the law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please **DO NOT RETURN** this form to the above address. Send your completed form to Admissions, U.S. Military Academy, Official Mail and Distribution Center, 646 Swift Rd, West Point, NY 10996-1905.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101: EO9397. **PRINCIPLE PURPOSE:** Collection of data on Academy candidate for opening a file. **ROUTINE USE:** To gather information on a candidate in order to open a file for admission to West Point. **DISCLOSURE IS VOLUNTARY.** However, failure to provide information could preclude appointment.

FOLLOW THESE STEPS IN FILLING OUT THIS FORM:

1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's.

2) Completely fill in all bubbles: ○ ● ○ ○ ○
 A B C D E

3) For optimum accuracy, write block style without touching sides:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9																

4) If you make an error, completely cross out entry and re-write.

5) Do not send in a photo copy of this form. Only the original will be read.

If you participated in any non-athletic or extracurricular activities in grades 9-12 that are not listed and for which you feel you deserve credit, please list them in the "Candidate Remarks" section.

To complete the Varsity Athletic Activities section, use the codes below. If you lettered in a sport for which no codes are available, please list them in the "Candidate Remarks" section.

Athletic Activities:	Code:	Athletic Activities:	Code:
Baseball	MBA	Orienteering	XOR
Basketball (Men)	MBB	Skiing (Alpine)	XSA
Basketball (Women)	WBB	Soccer (Men)	MSO
Boxing	MBX	Soccer (Women)	WSO
Cheerleading	XCL	Softball	WSB
Crew	XCR	Swimming (Men)	MSW
Cross Country (Men)	MCC	Swimming (Women)	WSW
Cross Country (Women)	WCC	Tennis (Men)	MTE
Field Hockey	WFH	Tennis (Women)	WTE
Football	MFB	Track (Men)	MTO
Golf (Men)	MGO	Track (Women)	WTO
Golf (Women)	WGO	Volleyball (Men)	MVB
Gymnastics (Men)	MGY	Volleyball (Women)	WVB
Gymnastics (Women)	WGY	Wrestling	MWR
Ice Hockey (Men)	MIH	Other (explain in remarks)	XOT
Lacrosse (Men)	MLA		
Lacrosse (Women)	WLA		

EXTRACURRICULAR ACTIVITIES (continued)

Dramatics

(# of Yrs. in Gr. 9-12)

Leading Role in a Public Performance

Participation in a Public Performance

Dramatics Honors (Specify in Remarks)

Debate

(# of Yrs. in Gr. 9-12)

President/Officer

Team Member

Debate Honors (Specify in Remarks)

Music Participation (Band/Orchestra/Chorus)

(# of Yrs. in Gr. 9-12)

All State Band/Chorus (Provide documentation)

Band Director/Officer

Band Member

Chorus Director/Officer

Chorus Member

Other Honors (Specify in Remarks)

Scouting (Boy or Girl)

Member

Senior Patrol Leader

Eagle/Gold Award

Civil Air Patrol

Officer

Member

Amelia Earhart/

Billy Mitchell Awd.

Foreign Study

Who sponsored?

One Month or More?

Length of stay?

Other Activities

(# of Yrs. in Gr. 9-12)

BN Commander Officer Member

ROTC

Model United Nations Church Group Junior Achievement/4H/ Future Farmers of America

President

Officer

Member

Employment

(# of Yrs. in Gr. 9-12)

Worked school days for entire school year

- 9 or less
- 10 - 19
- 20 - 29
- 30 - 39
- 40 or more

Hours worked per week?

Master of Ceremonies/ Chairperson

Other (Specify in Remarks)

Candidate Remarks:

School Official Printed Name, Title and School

I certify that the information provided on this form is accurate to the best of my knowledge.

Phone ()

School Official
Signature and Date

105062

Change of Personal Data

USMA IVO. 0702-0061
Expires:

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 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 this form to the above address. Send your completed form to Admissions, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1797.

Privacy Act Statement: AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for admission requirements. ROUTINE USE: To gather personal data information for a candidate's file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

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

Address: _____ State

Address (No. and St.)	Address (No. and St.)
City, State	City, State
Zip Code	Zip Code
Telephone Number	Telephone Number

Remarks: _____
(Please Print) (Signature and Date)

USMA FL 546 (Rev May 99)

Application Withdrawal Notice

Form Approved
OMB No. 0702-0061
Expires:

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 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 this form to the above address. Send your completed form to Admissions, 606 Thayer Rd, USMA, West Point, NY 10996-1797.

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NAME _____
(Last) (First) (Middle)

Address _____ State

I desire to withdraw my application for admission to the U.S. Military Academy.
REASON: (Please provide a brief statement of the reason for withdrawal.)

USMA FL 481 (Rev May 99) _____ (Date) _____ (Signature)

DIRECTOR OF ADMISSIONS
United States Military Academy
Official Mail and Distribution Center
646 Swift Road
West Point, New York 10996-1905



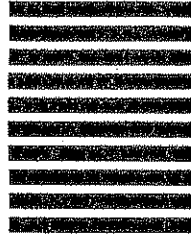
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO 51 WEST POINT NY

POSTAGE WILL BE PAID BY THE ADDRESSEE

DIRECTOR OF ADMISSIONS
UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL AND DISTRIBUTION CENTER
646 SWIFT ROAD
WEST POINT NY 10996-9902



DIRECTOR OF ADMISSIONS
United States Military Academy
Official Mail and Distribution Center
646 Swift Road
West Point, New York 10996-1905



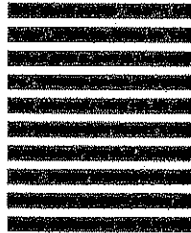
NO POSTAGE
NECESSARY
IF MAILED
IN THE
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BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO 51 WEST POINT NY

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DIRECTOR OF ADMISSIONS
UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL AND DISTRIBUTION CENTER
646 SWIFT ROAD
WEST POINT NY 10996-9902





40 Yard Agility Run

(4 round-trips required - Record the best of 2 results)

Seconds . Tenths

.

- 1 ○ ○ ○
- 2 ○ ○ ○
- 3 ○ ○ ○
- 4 ○ ○ ○
- 5 ○ ○ ○
- 6 ○ ○ ○
- 7 ○ ○ ○
- 8 ○ ○ ○
- 9 ○ ○ ○
- 0 ○ ○ ○

3

Modified Sit-Ups

(Record the best of 2 results)

Number of Repetitions

- 1 ○ ○ ○
- 2 ○ ○ ○
- 3 ○ ○ ○
- 4 ○ ○ ○
- 5 ○ ○ ○
- 6 ○ ○ ○
- 7 ○ ○ ○
- 8 ○ ○ ○
- 9 ○ ○ ○
- 0 ○ ○ ○

4

Push-Ups

Number of Repetitions

- 1 ○ ○ ○
- 2 ○ ○ ○
- 3 ○ ○ ○
- 4 ○ ○ ○
- 5 ○ ○ ○
- 6 ○ ○ ○
- 7 ○ ○ ○
- 8 ○ ○ ○
- 9 ○ ○ ○
- 0 ○ ○ ○

5

1 Mile Run

Minutes . Seconds

.

- 1 ○ ○ ○ ○
- 2 ○ ○ ○ ○
- 3 ○ ○ ○ ○
- 4 ○ ○ ○ ○
- 5 ○ ○ ○ ○
- 6 ○ ○ ○ ○
- 7 ○ ○ ○ ○
- 8 ○ ○ ○ ○
- 9 ○ ○ ○ ○
- 0 ○ ○ ○ ○

6

Comments by Administering Official for any Unusual Circumstances

Comments by Candidate who Withdraws

Reminder!

Do not forget to have your high school or college send us your final grades. The form below is form No. 9 in your booklet, *Instructions for Candidates Offered Admission*. Tear out this card or use the form below and give it to the appropriate school official without delay. Use the business reply envelope previously provided or have your grades mailed to:

Director of Admissions
United States Military Academy
Official Mail and Distribution Center
646 Swift Road
West Point, NY 10996-1905

Request for Final Transcript

Form Approved
OMB No. 0702-0062
Expires: 2/28/2006

First Name, Middle Initial, Last Name

Social Security Number

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collected information. Send comments regarding this collection of information, including suggestions for reducing the burden to: DOD, Washington HQ Svcs., DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the OMB, Paperwork Reduction Project, Washington, DC 20503. Please DO NOT RETURN this form to either of these addresses. Send your completed form to Admissions, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44, USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate for closing final academic information file. ROUTINE USE: To gather information on candidate to complete admission file. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

The student named above has been accepted for admission to the United States Military Academy. To complete the file it is necessary that we have a copy of the final senior year grades and the final four-year grade point average. Please complete this form as accurately as possible and submit it, WITH A COPY OF THE FINAL SENIOR YEAR GRADES, as soon as the current academic year ends. A pre-addressed postage free envelope is provided.

School (Official Name)

School Telephone Number

Street Address

State and Zip Code

Candidate's Final (Cumulative) GPA

Indicate how Grade Point Average was determined

Other (Additional Information)

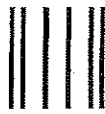
Date

Signature

Title

Send to: United States Military Academy, Admissions, Official Mail and Distribution Center,
646 Swift Road West Point, New York 10996-1905

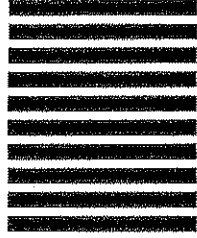
DIRECTOR OF ADMISSIONS
United States Military Academy
Official Mail and Distribution Center
646 Swift Road
West Point, New York 10996-1905



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UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL AND DISTRIBUTION CENTER
646 SWIFT ROAD
WEST POINT NY 10996-9902



DEPARTMENT OF THE ARMY
United States Military Academy
646 Swift Road
West Point, New York 10996-1905

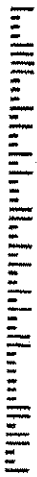


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WEST POINT NY 10996-9902



Director of Admissions
United States Military Academy
646 Swift Road
West Point, NY 10996-1905

Thank you for the questionnaire you completed and returned. You are reminded it is your responsibility to obtain a nomination from the appropriate source. If one or more of the following boxes have been checked, please enter the requested information on the attached business reply card, detach and return it to us at your earliest convenience.

- Social Security Number
- Year of High School Graduation
- Rank in Class and Class Size
- Other
- Date of Birth
- Telephone Number
- Ethnic Group

Michael S. Jones
Director of Admissions

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PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC, Ch. 501; Title 10 USC Ch. 403 Sec 4346; Ch. 503; Ch. 505 Sec 5031; Ch. 603 Sec 6958; Title 44 USC 3101; E.O. 9197; PRINCIPLE PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

Form Approved
OMB No. 0702-0060
Expires: 2-28-2006

Director of Admissions
United States Military Academy
646 Swift Road
West Point, NY 10996-1905

Name (Print) _____ (Last Name) _____ (First Name) _____ (MI) _____

Social Security Number _____

Date of Birth _____ Ethnic Group _____

Rank in Class/High School Class Size _____

Year of High School Graduation _____

Home Telephone _____

Other _____

USMA FL 261 (Rev May 1999)

DEPARTMENT OF THE ARMY
United States Military Academy
West Point, New York 10996-1797

USMA FL 291.indd 3

3/9/2009 12:34:31 PM

USMA ADMISSIONS INTERVIEW REPORT

DATE

Form Approved
OMB No. 6702-0061
Expires 2/28/2006

NAME OF APPLICANT (Last Name, First, MI)

SOCIAL SECURITY NUMBER

CONGRESSIONAL
DISTRICT

The public reporting burden for this collection of information is estimated to average 15 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 this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0061), 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 THIS FORM TO THE ABOVE ADDRESS. Send your completed form to Directorate of Admissions, Official Mail & Distribution Center, 644 Swift Road, West Point, NY 10996-1905.
PRIVACY ACT STATEMENT: Authority: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO9397. Principle Purpose: Collection of data on Academy's candidate character and English proficiency. Routine Use: Evaluation of candidate's qualifications for admission to the United States Military Academy. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

GUIDE TO INTERVIEWER: At the beginning of the interview, the candidate must be told that the interview is authorized by Title 10 U.S. Code, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Section 6958; Title 44 USC 3101; EO9397. DO NOT duplicate reporting of information which is correct on the current monthly Candidate Referral Report. Instead, emphasize the identification of problem areas which you or an Admissions Officer can assist in resolving. Probe for characteristics of the applicant which might not be properly revealed on the various application forms; such as desire to excel and persevere. Try to get an impression of the applicant's willingness to complete the West Point programs and serve as an Army officer, but do not expect the applicant to be committed to an Army career.

Do you require confidentiality as a condition for providing information? YES NO

1. Academic Data:

- a. Approximate rank in high school class.
- b. SAT: Best Verbal/Critical Reading Score _____; Best Math Score _____; Best Writing Score _____
- c. ACT: English _____; Math _____; Science Reasoning _____; Reading _____
- d. SCHEDULED TESTING: ACT (date) _____; SAT (date) _____
- e. If neither SAT nor ACT taken or scheduled, check box at right. NO

2. Medical Examination:

- a. Has applicant been notified of medical exam date? YES NO
- b. If scheduled, did he or she take the exam on that date? YES NO
If not, why? _____
- c. Has applicant received notification from DoDMERB to perform any additional medical testing? YES NO
If yes, summarize status. _____
- d. If more than six weeks has elapsed since medical was taken has applicant been notified of final medical status by USMA? YES NO

3. Candidate Fitness Assessment (CFA):

- a. Has the applicant scheduled a CFA? YES NO
- b. If the applicant did not take the CFA as scheduled, check box to right and indicate reason. YES NO

4. Nominations:

- a. Has the applicant been nominated? If yes, by whom? YES NO
- b. To whom did the applicant apply for nomination? Senator's Name _____
Senator's name Representative's name _____
Presidential Other (describe) _____
- c. If the applicant has not applied for any nominations, check box to right and indicate why. NO

5. Is the applicant experiencing any difficulty with the admissions process not described above? YES NO
If yes, describe on reverse.

6. Is the applicant interested in competing for the West Point Preparatory Scholarship Program if not selected for USMA? YES NO

FOR USMA OFFICE USE ONLY

Please circle the most appropriate response.

Academic Ability	Exceptionally promising	Fin student. Honors at college.	Solid average student. Possible honors	Capable of passing work.	Marginal ability, or questionable motivation	Poor academic risk.
Extracurricular Activity (other than athletic)	Outstanding leader in "top" activities	Major office holder. Makes a real contribution	Good citizen, interested and active.	Fairly active, minor offices and/or minor activities.	Minor participations, no offices.	No activities
Athletic Ability	Outstanding college varsity prospect.	Fine high school athlete, varsity letter	HS Varsity participation, average ability.	Intramural participation, healthy interest.	Sports are a pastime.	No interest.
Personal Qualities	Outstanding person. Tops in all respects.	Great appeal. Generally, very strong.	Good above-average applicant.	General okay. No strengths, no weaknesses	Not very appealing. Immature.	Poor impression. Unstable or offensive.
Overall Rating	Tops for admission	Clearly admit	Strong contender	Reasonable possibility for admission.	Questionable admission.	No recommended for admission/.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Does the applicant understand the purpose of USMA? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Is the applicant familiar with the academic program? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Is the applicant familiar with the obligated service after graduation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Is the applicant familiar with the West Point Honor Code and System? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Is the applicant familiar with the Cadet Leader Development System? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Is the applicant familiar with the stresses of Cadet Basic Training? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

INTERVIEWER'S COMMENTS:

If work or family problems have affected this applicant's performance, please make special annotation below. Also comment on BEARING and APPEARANCE, PERSONAL MAGNETISM, how applicant became interested in West Point and applicant's reasons for wanting to attend West Point.

NAME AND TITLE (Print or type)

SIGNATURE OF INTERVIEWER



Recommendation For ROTC Nomination to USMA

Form Approved -
OMB No. 0702-0061
Expires 2-28-2006

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, 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 to reducing the burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 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 this form to the above address. Send your completed form to the Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 5058, Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.

Instructions

Please type or print all entries. Return the first three copies of the recommendation to: Superintendent, USMA, ATTN: MAAR-AO, West Point, New York 10996. Keep the pink copy for your records.

1. Candidate Information

Full Name (Last, First, Middle) _____

Social Security Number _____

Date of Birth (Month, Day, Year) _____

Sex Male Female

Mailing address _____

(Street)

City, State, ZIP Code

2. School Information

Name of School/Institution _____

Mailing Address _____

(Street)

City, State, ZIP Code

School ETS Code (HS Only) _____

3. Please check only one of the three blocks to certify your recommendation for a nomination. No candidate will be considered for a nomination in more than one ROTC category.

ROTCJR - The candidate is currently enrolled in an Army JROTC program at the institution listed. I recommend him/her for a nomination for an appointment to the United States Military Academy under the ROTCJR category.

ROTCSR - The candidate is currently enrolled in an Army ROTC program at the college/university listed. I recommend him/her for a nomination for appointment to the United States Military Academy under the ROTCSR category.

ROTCHM - The candidate has been named an Honor Graduate of the institution listed, and that institution has been named an Honor School with Distinction by DA or other service orders covering the current academic year. I recommend him/her for a nomination for appointment to the United States Military Academy under the ROTCHM category. (No more than three recommendations will be submitted under this category for the current year.)

Signature

Date

PMS/SAI Type Name, Grade and Position

Telephone Number of PMS/SAI (Include Area Code and Extension, if applicable)

CADET PUBLIC APPEARANCE PARTICIPANT INFORMATION

AS PRESCRIBED BY AR 210-

INSTRUCTIONS FOR PREPARATION OF USMA FORMS 21-14 AND 21-14-1 (Continuation)

1. Type or print all information
2. Cadet prepare Section A, all forms; Admissions Participant complete Section B, item 1-10, for as many speaking engagements as necessary (use continuation sheet); Admissions Participant print name, and sign, and date on final continuation sheet.
3. Enter at least 2 confirmed appearances for each CPRC leave day.
4. Additional visits, or substitutes for those noted below, will be listed on continuation sheet(s) (USMA Form 21-14-1).
5. Admissions Participants make at least two copies - one to be forwarded to Regional Commander for approval of itinerary and one to be forwarded to cadet for use during appearances and for After Action Information.
6. After Action information concerning appearances, item 11, Section B, will be completed by cadet after each appearance. Upon return from program forward with After Action Summary, USMA Form 5-1, completed, to OIC CPRC, Admissions Office, Bldg. 606.

SECTION A - TO BE COMPLETED BY CADET

1. CLASS		2. NAME (LAST, FIRST, MI)			3. COMPANY	
4. P.O. BOX		5. PHONE NUMBER			12. PROGRAM	
LEAVE ADDRESS					ANNUAL: <input type="checkbox"/> 1. THANKSGIVING <input type="checkbox"/> 2. SPRING I <input type="checkbox"/> 3. SPRING II <input type="checkbox"/> 4. GRADUATION WEEK SPECIAL: <input type="checkbox"/> 5. BOYS / GIRLS STATE <input type="checkbox"/> 6. CONGRESSIONAL EVENT <input type="checkbox"/> 7. OTHER	
6. ADDRESSEE						
7. NUMBER AND STREET						
8. CITY			9. STATE CODE			
10. ZIP CODE		11. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO)				

SECTION B - TO BE COMPLETED BY USMA ADMISSIONS PARTICIPANT

ADMISSIONS PARTICIPANT NAME		STATE & ZIP AREA		TELEPHONE (AREA CODE, EXCHANGE, NO)	
FIRST SPEAKING ENGAGEMENT					
1. ORGANIZATION NAME		2. ORG CODE	3. VISIT DATE (DAY, MO, YR)	4. VISIT TIME	
5. NUMBER AND STREET		6. CITY		7. STATE CODE	8. ZIP CODE
9. PRESENTATION CONTACT - NAME			10. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO)		
11. AFTER ACTION SUMMARY:	EST AUDIENCE	ENGAGEMENT COMPLETED? (If no, explain in additional comments section)	SLIDES OR VIDEO SHOWN?	AUDIENCE REACTION	OTHER ACADEMIES REPRESENTED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GOOD <input type="checkbox"/> AVE <input type="checkbox"/> POOR	<input type="checkbox"/> USCGA <input type="checkbox"/> USNA <input type="checkbox"/> USAFA
1. ORGANIZATION NAME		2. ORG CODE	3. VISIT DATE (DAY, MO, YR)	4. VISIT TIME	
5. NUMBER AND STREET		6. CITY		7. STATE CODE	8. ZIP CODE
9. PRESENTATION CONTACT - NAME			10. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO)		
11. AFTER ACTION SUMMARY:	EST AUDIENCE	ENGAGEMENT COMPLETED? (If no, explain in additional comments section)	SLIDES OR VIDEO SHOWN?	AUDIENCE REACTION	OTHER ACADEMIES REPRESENTED
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GOOD <input type="checkbox"/> AVE <input type="checkbox"/> POOR	<input type="checkbox"/> USCGA <input type="checkbox"/> USNA <input type="checkbox"/> USAFA

SECTION C - ADDITIONAL COMMENTS (Continue on blank sheet of paper if necessary)

ADMISSIONS PARTICIPANT - TYPED OR PRINTED NAME		SIGNATURE	DATE
--	--	-----------	------

DIRECTOR OF ADMISSIONS
UNITED STATES MILITARY ACADEMY
606 THAYER ROAD
WEST POINT NY 10996-1797



Complete, Separate, and Mail

Form Approved
OMB No. 0702-0061
Expires:

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PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 695B; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

NAME _____
(Last) (First) (MI)

SOCIAL SECURITY NUMBER _____

- I have taken my PAE and the results were mailed on _____
- I have an appointment to take my PAE on _____
and will forward the results upon completion of examination.
- I desire to withdraw my application.

DATE _____ Signature _____

USMA FL 520 (Part 2) (Rev May 99)