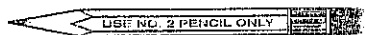


AIR FORCE ACADEMY CANDIDATE PERSONAL DATA RECORD

Form Approved
GME (no. 0701-006-)
Expires: 20061231

PAGE 1

THIS FORM COMES UNDER THE PURVIEW OF THE PRIVACY ACT OF 1974
AGENCY DISCLOSURE NOTICE ON PAGE II OF INSTRUCTION BOOKLET



CORRECT MARKS



INCORRECT MARKS



- DO NOT USE PEN
- COMPLETELY FILL BUBBLES
- MAKE NO STRAY MARKS
- MAKE CLEAN ERASURES

4. CANDIDATE FILES ARE ARRANGED BY SOCIAL SECURITY NUMBER TO ENSURE CREATION OF A PROPER FILE FOR YOU. YOU MUST HAVE A SOCIAL SECURITY NUMBER AND IT MUST BE ACCURATE AT ALL TIMES.

SOCIAL SECURITY NUMBER

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

1. PRINT FULL NAME

5. GENDER
 FEMALE MALE

2. MAILING ADDRESS (Street, City, State, & ZIP Code)

AREA CODE PHONE NO.

6. DATE OF BIRTH

Year	JAN	Day		
<input type="text"/>	<input type="radio"/>	<input type="text"/>		
<input type="text"/>	FEB	<input type="text"/>		
<input type="text"/>	<input type="radio"/>	<input type="text"/>		
0	1	MAR	0	1
1	2	APR	2	3
2	3	MAY	3	4
3	4	JUN	4	5
4	5	JUL	5	6
5	6	AUG	6	7
6	7	SEP	7	8
7	8	OCT	8	9
8	9	NOV	9	0
9	0	DEC	0	1

7. PLACE OF BIRTH (City)

If you were born in the United States provide your state of birth or if you were born abroad provide your country of birth. (State or Country)

3. PERMANENT ADDRESS (If different than Mailing Address)

AREA CODE PHONE NO.

9. ETHNIC BACKGROUND

HISPANIC OR LATINO
 NOT HISPANIC OR LATINO

RACE

AMERICAN INDIAN OR ALASKA NATIVE
 STATE TRIBAL AFFILIATION _____

Do you maintain tribal affiliation or community involvement?
 (If you mark American Indian or Alaska Native and you do not maintain community involvement you will not be identified as such.)

ASIAN WHITE
 BLACK OR AFRICAN AMERICAN DECLINED TO RESPOND
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

8. CITIZENSHIP - REQUIRED

U.S. CITIZEN BY NATURALIZATION
 (Provide country of original citizenship) _____

U.S. CITIZEN BY BIRTH (Born in U.S.A.)

U.S. CITIZEN BY BIRTH (Born abroad of U.S. Parents)

NOT A U.S. CITIZEN
 (Provide current country of citizenship) _____

If you are a Naturalized citizen, or born outside the United States of American parents, submit proof of citizenship

FOLD WITH DOTTED LINE ON THE OUTSIDE

10. NAME OF: FATHER STEPFATHER GUARDIAN

ADDRESS _____

OCCUPATION _____

EDUCATION: High School Some College Associate's Degree
 Bachelor's Degree Graduate Degree Deceased

11. NAME OF: MOTHER STEPMOTHER GUARDIAN

ADDRESS _____

OCCUPATION _____

EDUCATION: High School Some College Associate's Degree
 Bachelor's Degree Graduate Degree Deceased

12. ARE YOU SEEKING AN APPOINTMENT UNDER PRESIDENTIAL OR CHILDREN OF DECEASED OR DISABLED VETERAN CATEGORY?

YES NO

IF YOU ARE ADOPTED WAS IT PRIOR TO YOUR 15th BIRTHDAY?

YES NO

13. CURRENT MILITARY STATUS—IF YOUR FATHER/STEPFATHER OR MOTHER/STEMOTHER IS NOW OR EVER HAS BEEN A MEMBER OF THE ARMED FORCES, COMPLETE THE FOLLOWING: (Consult your parents for this information)

BRANCH OF SERVICE	DUTY STATUS
AIR FORCE	IF PARENT IS ON ACTIVE DUTY, mark appropriate bubble.
<input type="radio"/> Father/Step-Father	Regular Status
<input type="radio"/> Mother/Step-Mother	<input type="radio"/> Father/Step-Father <input type="radio"/> Mother/Step-Mother
NAVY	Reserve Status
<input type="radio"/> Father/Step-Father	<input type="radio"/> Father/Step-Father <input type="radio"/> Mother/Step-Mother
<input type="radio"/> Mother/Step-Mother	National Guard
ARMY	<input type="radio"/> Father/Step-Father <input type="radio"/> Mother/Step-Mother
<input type="radio"/> Father/Step-Father	IF PARENT IS RETIRED FROM ACTIVE DUTY & DRAWING RETIRED PAY, mark appropriate bubble.
<input type="radio"/> Mother/Step-Mother	<input type="radio"/> Father/Step-Father <input type="radio"/> Mother/Step-Mother
MARINES	IF PARENT DIED WHILE ON ACTIVE DUTY, mark appropriate bubble.
<input type="radio"/> Father/Step-Father	<input type="radio"/> Father/Step-Father <input type="radio"/> Mother/Step-Mother
<input type="radio"/> Mother/Step-Mother	
COAST GUARD	
<input type="radio"/> Father/Step-Father	
<input type="radio"/> Mother/Step-Mother	

RANK

ACTIVE DUTY OR RETIRED RANK (DRAWING RETIRED PAY)

FATHER/STEP-FATHER MOTHER/STEMOTHER

<input type="radio"/> OFFICER	<input type="radio"/> ENLISTED	<input type="radio"/> OFFICER	<input type="radio"/> ENLISTED
<input type="radio"/> O-10	<input type="radio"/> E-9	<input type="radio"/> O-10	<input type="radio"/> E-9
<input type="radio"/> O-9	<input type="radio"/> E-8	<input type="radio"/> O-9	<input type="radio"/> E-8
<input type="radio"/> O-8	<input type="radio"/> E-7	<input type="radio"/> O-8	<input type="radio"/> E-7
<input type="radio"/> O-7	<input type="radio"/> E-6	<input type="radio"/> O-7	<input type="radio"/> E-6
<input type="radio"/> O-6	<input type="radio"/> E-5	<input type="radio"/> O-6	<input type="radio"/> E-5
<input type="radio"/> O-5	<input type="radio"/> E-4	<input type="radio"/> O-5	<input type="radio"/> E-4
<input type="radio"/> O-4	<input type="radio"/> E-3	<input type="radio"/> O-4	<input type="radio"/> E-3
<input type="radio"/> O-3	<input type="radio"/> E-2	<input type="radio"/> O-3	<input type="radio"/> E-2
<input type="radio"/> O-2	<input type="radio"/> E-1	<input type="radio"/> O-2	<input type="radio"/> E-1
<input type="radio"/> O-1		<input type="radio"/> O-1	

(Any additional remarks may be made in REMARKS on the last page.)

NOTE: The information requested on (the front of) this form regarding military service and academy attendance of other members of your family in no way affect your candidacy for the Air Force Academy. This information is used in statistical studies conducted by the Academy.

14. IF YOUR PARENT IS A GRADUATE OF ANY U.S. SERVICE ACADEMY MARK APPROPRIATE ACADEMY AND CLASS YEAR OF GRADUATION

	YEAR GRADUATED	
<input type="radio"/> USAFA	0	0
<input type="radio"/> USNA	1	1
<input type="radio"/> USMA	2	2
<input type="radio"/> USCGA	3	3
<input type="radio"/> USMMA	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

IF MOTHER, PLEASE PROVIDE HER MAIDEN NAME IN BLOCK 15A.

15. IF YOU HAD OR DO HAVE BROTHER(S)/SISTER(S) AT A SERVICE ACADEMY MARK APPROPRIATE ACADEMY AND CLASS YEAR OF GRADUATION

	YEAR OF GRADUATION	
<input type="radio"/> USAFA	0	0
<input type="radio"/> USNA	1	1
<input type="radio"/> USMA	2	2
<input type="radio"/> USCGA	3	3
<input type="radio"/> USMMA	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

IF USAFA, PLEASE IDENTIFY IN BLOCK 15A.

15A. USAFA PARENT/SIBLINGS (if mother, provide full maiden name)

NAME	CLASS

16. HAVE YOU EVER BEEN CITED, ARRESTED, CONVICTED, OR FINED FOR ANY VIOLATION OF THE LAW? THIS INCLUDES HAVING MADE A PLEA OF GUILTY, ACCEPTED A DEFERRED JUDGMENT, BEEN ADJUDICATED, OR BEEN REQUIRED TO REGISTER AS A SEX OFFENDER.

YES NO

IF YES REQUIRED, ATTACH A COMPLETE DESCRIPTION OF INCIDENT(S), STATE NAME AND PLACE OF COURT, NATURE OF OFFENSE, DATE, DISPOSITION OF CASE (IF SELECTED AS A CADET, IN ORDER TO GRANT A SECURITY CLEARANCE, A COMPLETE BACKGROUND INVESTIGATION WILL BE MADE. FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR DISMISSAL).

17. HAVE YOU EVER BEEN PLACED ON PROBATION, SUSPENDED, OR EXPELLED FROM ANY SCHOOL, COLLEGE OR PREPARATORY SCHOOL FOR OTHER THAN ACADEMIC REASONS? IF YES, REQUIRED ATTACH AN EXPLANATION. INCLUDE THE DATE, REASON, NAME, AND ADDRESS OF SCHOOL.

YES NO

18. HAVE YOU EVER BEEN FIRED FROM ANY JOB? REQUIRED, ATTACH AN EXPLANATION. INCLUDE THE TYPE OF JOB, DATE AND REASON.

YES NO

19. IF YOU PREVIOUSLY ATTENDED OR ARE NOW ATTENDING THE AIR FORCE, NAVAL OR MILITARY ACADEMY PREPARATORY SCHOOL COMPLETE THE FOLLOWING

USAFA PREP CURRENTLY ATTENDING _____ DATE _____

USNA PREP COMPLETED

USMA PREP

DID NOT COMPLETE, EXPLAIN IN REMARKS SECTION ON BACK PAGE

20. ARE YOU NOW ON ACTIVE DUTY IN THE ARMED FORCES? HAVE YOU BEEN DISCHARGED/SEPARATED FROM ACTIVE DUTY?

YES NO YES NO

IF YOU ANSWERED YES TO EITHER QUESTION ABOVE MARK APPROPRIATE ITEMS BELOW:

<u>Active Duty Branch of Service</u>	<u>Active Duty Status</u>	<u>Dates of Active Duty</u>	<u>Active Duty Rank</u>
<input type="radio"/> Air Force <input type="radio"/> Marine <input type="radio"/> Army <input type="radio"/> Coast Guard <input type="radio"/> Navy <input type="radio"/> Other _____ Explain	<input type="radio"/> Regular <input type="radio"/> Reserve <input type="radio"/> National Guard	FROM: _____ TO: _____	<input type="radio"/> E-1 <input type="radio"/> E-3 <input type="radio"/> E-2 <input type="radio"/> E-4

21. SCHOOL DATA LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ATTENDED SINCE EIGHTH GRADE. IDENTIFY SCHOOLS AND ADDRESSES COMPLETELY. ENSURE THAT TRANSCRIPTS OF YOUR ACADEMIC RECORD FOR ALL HIGH SCHOOLS, PREPARATORY SCHOOLS AND COLLEGES YOU ATTENDED, WHETHER OR NOT CREDIT WAS EARNED, HAVE BEEN FORWARDED BY THE SCHOOL OR COLLEGE REGISTRAR TO THE ADMISSIONS OFFICE AT THE AIR FORCE ACADEMY.

NAMES AND ADDRESSES OF SCHOOLS ATTENDED		DATE OF ENTRY (MO. & YR.)	DATE OF DEPARTURE (MO. & YR.)	DATE OF GRAD. (MO. & YR.)
HIGH SCHOOLS (IF YOU DID NOT COMPLETE H.S., INDICATE REASON IN REMARKS SECTION)				
YES <input type="radio"/>	College courses taken while in high school (SUBMIT TRANSCRIPT)			
YES <input type="radio"/>	Civilian preparatory schools (AFTER HIGH SCHOOL) (SUBMIT TRANSCRIPT FOR EACH)			
YES <input type="radio"/>	College courses taken after graduation from high school (SUBMIT TRANSCRIPT FOR EACH)			

PRINT FULL NAME

CANDIDATE FILES ARE ARRANGED BY SOCIAL SECURITY NUMBER TO ENSURE CREATION OF A PROPER FILE FOR YOU. YOU MUST HAVE A SOCIAL SECURITY NUMBER AND IT MUST BE ACCURATE AT ALL TIMES.

SOCIAL SECURITY NUMBER

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

22. Please estimate your family's gross income for this year:

- less than \$25,000
- \$25,000-\$74,999
- \$75,000-\$124,999
- \$125,000-\$174,999
- more than \$175,000
- don't know

How many people depend on your family's income? _____

Do you live in a single-parent home? YES NO

23. LANGUAGE SKILLS

Identify the primary language spoken in your home if it is NOT English _____

My overall capability to speak in this language is:

- No skill
- Minimal
- Fair
- Good
- Excellent

Identify any additional language, other than English, that you speak _____

My overall capability to speak in this language is:

- Minimal
- Fair
- Good
- Excellent

Have you taken (or currently taking) an AP or IB foreign language?

- YES
- NO
- If yes, what language: _____

My overall capability to speak in this language is:

- Minimal
- Fair
- Good
- Excellent

24. HAVE YOU EVER BEEN REJECTED FOR ANY BRANCH OF MILITARY SERVICE OR ROTC?

- YES ⇨ IF YES, EXPLAIN IN DETAIL IN THE REMARKS SECTION
- NO

25. IF YOU HAVE EVER BEEN A CADET/MIDSHIPMAN AT ANY OF THE U.S. SERVICE ACADEMIES MARK APPROPRIATE ACADEMY.

- USAFA
- USNA
- USMA
- USCGA
- USMMA

26. IF YOU HAVE PREVIOUSLY BEEN A CANDIDATE FOR A SERVICE ACADEMY MARK APPROPRIATE ACADEMY.

- USAFA
- USNA
- USMA
- USCGA
- USMMA

27. PRINT YOUR FULL NAME EXACTLY AS IT IS SHOWN ON YOUR BIRTH CERTIFICATE OR AS SHOWN ON ANY DOCUMENT WHICH LEGALLY CHANGED YOUR NAME.

PRINT FULL NAME (First, middle, and last name)

1. I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. YES NO
2. I HAVE NO CONFLICTIONS OR BELIEFS WHICH WOULD PROHIBIT MY SERVING IN AN UNRESTRICTED MILITARY STATUS. I AM NOT A CONSCIENTIOUS OBJECTOR. YES NO
3. I AM NOT MARRIED AND HAVE NO LEGAL DEPENDENTS. YES NO

SIGNATURE OF CANDIDATE

DATE

REMARKS:

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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0054). 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 RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to Office of Admissions, HQ USAFA/RRS, 2304 Cadet Dr, Suite 2400, USAF Academy, CO 80840-5025.