



**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0702-0060, is estimated to average 266 minutes (25 minutes for Pre-Candidate phase, 195 minutes for the Candidate Phase and 46 minutes for the Accepted Candidate phase) 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

**PRIVACY ACT STATEMENT AUTHORITY:** Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. **PRINCIPAL PURPOSE:** Collection of data on Academy candidates for opening a file. **ROUTINE USE:** To gather information on a candidate in order to open a file for admissions to the United States Military. **DISCLOSURE IS VOLUNTARY.** However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

**INSTRUCTIONS:** The instructions for completing all required portions should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for completing all the required forms can be found in the Instructions of Applicants Offer Admissions booklet located on the candidate portal page.

**CANDIDATE PORTAL LOGIN**

USMA ID:

Last Name:

Password:

**Forgot your ID or password?**

If you're having trouble logging in, contact your Regional Technician at:

**Northeast, Southeast, Great Lakes, Southwest, Far West.**

### West Point Candidate Portal

Online access to view your file for admission to the United States Military Academy

#### Attention All USMA Applicants: SAT Essay & ACT Writing Scores Required

**When registering for the SAT,** you must select the "SAT with Essay" exam. If you have already registered for an upcoming SAT and did not select the "SAT with Essay" exam, you should immediately contact SAT (866-756-7346) to add the Essay portion. For more information:

- [SAT Registration Change Policies](#)

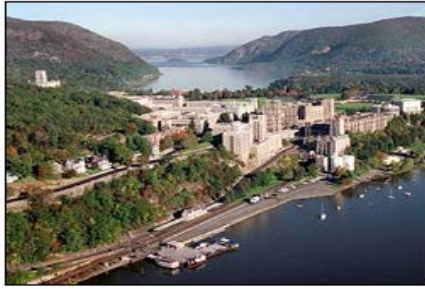
**When registering for the ACT,** you must select the "ACT plus Writing" exam. If you have already registered for an upcoming ACT and did not select the "ACT Plus Writing" exam, you should immediately contact ACT (319-337-1270) to add the writing portion. For more information:

- [The ACT Test Help and FAQs](#)

### Admissions Facebook

Please join us on our  
**West Point Facebook fan site**

DISCLAIMER: Being a member of this Facebook fansite is not required. It is completely optional and will not affect your chances for admission to West Point. The appearance of this link is provided as a community service and does not constitute an endorsement by the DOD, DA, or USMA.



**West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996**  
**Phone: (845) 938-4041 - Fax: (845) 938-3021**

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[West Point Candidate Portal](#)   [West Point Home Page](#)

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YOU ARE ACCESSING A U.S. GOVERNMENT (USG) INFORMATION SYSTEM (IS) THAT IS PROVIDED FOR USG-AUTHORIZED USE ONLY. By using this IS (which includes any device attached to this IS), you consent to the following conditions: -The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations. -At any time, the USG may inspect and seize data stored on this IS. -Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose. -This IS includes security measures (e.g., authentication and access controls) to protect USG interests-- not for your personal benefit or privacy. -Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details. Use of this system constitutes consent to monitoring for all lawful purposes.

DISCLAIMER: Appearances of external links do not constitute an endorsement by the United States Military Academy or DOD. They are provided as a user service.

## Application Overview

JOHN X. DOE, USMA Class of 2027

### Your Application Forms & Publications

To get the most current Adobe reader, [click here](#)

[Admissions Regions Map & Contacts](#)

[Application Instructions Booklet](#)

The candidate portal contains all of the information needed to complete your application. For this portion of the process, you will work with the items listed below. The goal, generally, is to make all of the **Red Status Icons** into **Green Status Icons**. Once this is done and West Point has received all required information as specified in the Application Instructions Booklet above, your file will be considered complete.

**Please allow up to 3 weeks for any manually processed documents to be updated**

= On File = Pending = Not On File [--] = Not Applicable



Once all application requirements are on file (marked with a ) including Nominations and 7th Semester Transcripts, your application file will enter the queue for committee review. During high peak times, it can take up to 60 days for files to reach the committee. You will be notified immediately of any committee decisions on your file.

= On File = Pending = Not On File [--] = Not Applicable


CANDIDATE KIT		
STATUS	ITEM	CONTACT
	<b>Candidate Personal Data Record (CPDR)</b> not on file	
	<b>Candidate Background Experience Form</b> NOT on file	
	<b>Official ACT or SAT scores</b> NOT on file	
	<b>Request for Academic Information</b> form not received • Enter your <b>Academic Information official</b> >>	
	Number of <b>High School Transcripts (semesters)</b> received: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">0</div> <b>&gt; Required through Feb 15, 2023: 1-6 Semesters</b> <i>Beginning Feb 16, 2023: 7th Semester Required</i> <i>Beginning May 31, 2023: 8th Semester Required</i>	
	<b>No college transcripts required</b>	
	<b>Candidate Activities Record (CAR)</b> not on file  **For the CAR, FIRST FILL IN THE CONTACT INFORMATION.** Then fill in the actual CAR form where you will then find a "Send Email Notification" button at the bottom of the form. • Enter your <b>CAR form official</b> >>	
	<b>Candidate Statements</b> not on file	
	<b>Candidate Fitness Assessment (CFA)</b> score not on file • CFA Administrators can be the following: <ol style="list-style-type: none"><li>1. <b>Physical Education Teachers</b></li><li>2. <b>Military Academy Liaison Officers</b></li><li>3. <b>Military Officers or Noncommissioned Officers</b></li><li>4. <b>Professors of Military Science</b></li><li>5. <b>Field Force Representatives</b></li><li>6. <b>J/ROTC Instructors</b></li><li>7. <b>Coaches and relatives may <i>NOT</i> administer your CFA</b></li></ol> • Enter your <b>CFA form official</b> >>	
	<b>CFA EXAM INSTRUCTIONS</b> Please refer to the following PDF and video instructions BEFORE taking your test as they give important information as well as examples of proper and improper techniques. Improper technique is grounds for event and possibly test failure. <b>CFA Exam Instructions</b> - Requirements, events and procedures. <b>Instructional videos for specific events</b> - examples of proper and improper techniques; each opens in a new window/tab <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <b>Basketball Throw</b></div> <div style="text-align: center;"> <b>Pushups</b></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <b>Flexed Arm Hang</b></div> <div style="text-align: center;"> <b>Shuttle Run</b></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <b>Pullups</b></div> <div style="text-align: center;"> <b>Situps</b></div> </div>	

### Required CFA Videos:

You are required to upload videos of your Pushup and Pullup/Flexed Arm Hang events only.


-  **CFA Pull-ups Video** not on file
-  **CFA Pushups Video** not on file

#### CFA VIDEO INSTRUCTIONS









- Watch this instructional video for other important requirements:
  -  **CFA Video Instructions** (Not available yet) - How to record and upload your video-required CFA events
- Record a separate video for each event
- MOV, MP4, M4V, 3GP or WMV format, up to 150mb in size.
- If possible, set the record mode to low resolution or space saving.
- Go to "Upload Docs" and select the event name as the document type.

--- **Supplemental Information Sheet** (College activities)

For candidates who have attended college, provide a list of your *college* athletic participation and extracurricular activities

---  **Employer's Evaluation of Candidate** - USMA Form 5-518

### SCHOOL OFFICIAL EVALUATIONS


STATUS	ITEM	CONTACT
<b>The following SOEs are required (for prior applicants as well): ENGLISH, MATH, PHYSICS/CHEMISTRY, PHYS ED</b>		
	Evaluation not on file: (ENGLISH) <ul style="list-style-type: none"><li>• Enter information for your <b>ENGLISH SOE official &gt;&gt;</b></li></ul>	
	Evaluation not on file: (MATH) <ul style="list-style-type: none"><li>• Enter information for your <b>MATH SOE official &gt;&gt;</b></li></ul>	
	Evaluation not on file: (PHYSICS/CHEMISTRY) <ul style="list-style-type: none"><li>• Enter information for your <b>PHYSICS/CHEMISTRY SOE official &gt;&gt;</b></li></ul>	
	Evaluation not on file: (PHYS ED) <ul style="list-style-type: none"><li>• Enter information for your <b>PHYS ED SOE official &gt;&gt;</b></li></ul>	

### MEDICAL

Status (Date): **NO ACTION** (Date N/A)

**WHAT IT MEANS:** We are currently taking no action on your DODMERB exam. You DO NOT want to stay in this status for long. We will request an exam for you when you have submitted sufficient material and completed as much of the application as we require and are a competitive candidate.

**YOUR ACTIONS:** Complete your application.

More Info:  **Medical Qualification** (PDF)

### NOMINATIONS

You have no nominations on file for this class year





# West Point Admissions CANDIDATES

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## Candidate Personal Data USMA Class of 2027

**IF YOU EXIT THIS FORM PRIOR TO AUTHORIZING, ANY CHANGES YOU'VE MADE WILL BE DISCARDED**  
**: PLEASE REFRAIN FROM ENTERING ANY CHARACTERS SUCH AS "<>+?^\$\*{}&%" FROM ALL INPUT FIELDS.**

First Name: **JOHN** M.I. : **X.** Last Name: **DOE** Date of Birth: **10/21/2005** USMA ID: **C10282517**

**Instructions:** \* **REQUIRED FIELDS** are required. When you've completed this form, click "Review Information Before Submitting". You'll be able to review your information and make changes before submitting. **Note:** If you select a lookup link and do not see the page, minimize this form. Understand, if any changes are made before the authorizing process is complete, the changes will not persist, if you decide to come back at a later date to authorize this form. Changes will however persist through the opening reviewing, re-editing and authorizing process.

**JUMP TO:** [Personal Information](#) | [Family Information](#) | [Military Information](#) | [Language](#) | [Legalities](#)

### Personal Information ↑

Please enter and/or review all of the information requested below.

<p><b>*Mailing Address:</b> <input type="text"/> (Line 1) <input type="text"/> (Line 2)</p> <p><b>*City:</b> (Required for U.S.) <input type="text"/></p> <p><b>*State:</b> (Required for U.S.) <input type="text"/></p> <p><b>*Country:</b> <input type="text"/></p> <p><b>*Citizenship:</b> <input type="text" value="BIRTH"/> (Are you a U.S. Citizen?)</p> <p><b>⚠ Citizenship NOTE:</b> Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.</p> <p><b>*City of Birth:</b> <input type="text"/></p> <p><b>*Birth State:</b> <input type="text"/></p> <p><b>*Birth Country:</b> <input type="text" value="United States"/></p> <p>(If born overseas, you must also submit Dept. of State Form 240; If naturalized citizen, submit INS Form G-639.)</p> <p><b>Combined Family Income:</b> <input type="text"/></p> <p><b>⚠ Income NOTE:</b> What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.</p> <p><b>*Are you the first member</b> of your immediate family (to include grandparents) to attend college? <input type="text"/></p>	<p><b>*Social Security Number:</b> <input type="text"/> No Dashes</p> <p><b>*Phone - OR - International:</b> <input type="text"/> (999) 999-9999</p> <p><b>*Zip Code: (Required for U.S.)</b> <input type="text"/> - <input type="text"/> <a href="#">Zip Lookup</a></p> <p><b>*E-Mail Address:</b> <input type="text"/></p> <p><b>*Verify E-Mail:</b> <input type="text"/></p> <p>Birth Sex: <input type="text" value="MALE"/></p> <p>Preferred Gender: <input type="text" value="MALE"/></p> <p><b>*Adopted:</b> <input type="text" value="No"/></p>
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<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Mailing Address:</b> <input type="text"/> (Line 1)  <input type="text"/> (Line 2)         </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*City:</b>  <small>(Required for U.S.)</small> <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*State:</b>  <small>(Required for U.S.)</small> <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Country:</b> <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Citizenship:</b> <input type="text" value="BIRTH"/> <small>(Are you a U.S. Citizen?)</small>  <div style="border: 1px solid #ccc; padding: 2px; margin-top: 2px;">             BIRTH              FOREIGN NATIONAL              NATURALIZED           </div> <small>You were born in and were a citizen of another country. If you were born in and were a citizen of another country, you must be a citizen of another country through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*City of Birth:</b> <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Birth State:</b> <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Birth Country:</b> <input type="text" value="United States"/> </div> <p><small>(If born overseas, you must also submit Dept. of State Form 240; If naturalized citizen, submit INS Form G-639.)</small></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>Combined Family Income:</b> <input type="text"/> </div> <p><b>⚠ Income NOTE:</b>  <small>What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.</small></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Are you the first member</b> of your immediate family (to include grandparents) to attend college? <input type="text"/> </div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Social Security Number:</b>  <input type="text"/> <small>No Dashes</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Phone - OR - International:</b>  <input type="text"/> <small>(999) 999-9999</small> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Zip Code: (Required for U.S.)</b>  <input type="text"/> - <input type="text"/> <a href="#">Zip Lookup</a> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*E-Mail Address:</b>  <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Verify E-Mail:</b>  <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>Birth Sex:</b> <input type="text" value="MALE"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>Preferred Gender:</b> <input type="text" value="MALE"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <b>*Adopted:</b> <input type="text" value="No"/> </div>
---	---

Please enter and/or review all of the information requested below.

**\*Mailing Address:**

 (Line 1) (Line 2)

**\*City:**  
(Required for U.S.)

**\*State:**  
(Required for U.S.)

**\*Country:**

**\*Citizenship:**

BIRTH  (Are you a U.S. Citizen?)

**⚠️ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

\*Birth State

**\*Birth Country:**

(If born overseas, citizen, submit INS

Combined Family Income:

- ALABAMA
- ALASKA
- AMERICAN SAMOA
- ARIZONA
- ARKANSAS
- ARMED FORCES AMERICAS, EXCEPT CANADA
- ARMED FORCES EUROPE, MIDDLE EAST, AND CANADA
- ARMED FORCES PACIFIC
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FEDERATED STATES OF MICRONESIA
- FLORIDA
- FOREIGN NATIONAL
- GEORGIA
- GUAM
- HAWAII

**\*Are you the first**  
(to include grandpa

**\*Social Security Number:**

 No Dashes

**\*Phone - OR - International:**

 (999) 999-9999

**\*Zip Code: (Required for U.S.)**

 -  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex: MALE

Preferred Gender: MALE

**\*Adopted:** No

ation ↑

( \*\* REQUIRED: PLEASE ENTER AT LEAST ONE FAMILY MEMBER! \*\* )



Please enter and/or review all of the information requested below.

<b>*Mailing Address:</b>	<input type="text"/> (Line 1)
	<input type="text"/> (Line 2)
<b>*City:</b> (Required for U.S.)	<input type="text"/>
<b>*State:</b> (Required for U.S.)	<input type="text"/>
<b>*Country:</b>	<input type="text"/>
<b>*Citizenship:</b>	<input type="text" value="BIRTH"/> (Are you a U.S. Citizen?)
<b>⚠ Citizenship NOTE:</b> Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.	
<b>*City of Birth:</b>	<input type="text"/>
<b>*Birth State:</b>	<input type="text"/>
<b>*Birth Country:</b> (If born overseas, citizen, submit INS) Combined Family Income:	<input type="text" value="United States"/> Syria Taiwan Tajikistan Tanzania Thailand Togo Tokelau Tonga Trinidad and Tobago Tromelin Island Tunisia Turkey Turkmenistan Turks and Caicos Islands Tuvalu Uganda Ukraine United Arab Emirates United Kingdom United States
<b>*Are you the firstborn?</b> (to include grandpa)	<input type="text"/>

<b>*Social Security Number:</b>	<input type="text"/> No Dashes
<b>*Phone - OR - International:</b>	<input type="text"/> (999) 999-9999
<b>*Zip Code: (Required for U.S.)</b>	<input type="text"/> - <input type="text"/> <a href="#">Zip Lookup</a>
<b>*E-Mail Address:</b>	<input type="text"/>
<b>*Verify E-Mail:</b>	<input type="text"/>
Birth Sex:	<input type="text" value="MALE"/>
Preferred Gender:	<input type="text" value="MALE"/>
<b>*Adopted:</b>	<input type="text" value="No"/>

( \*\* F

Information ↑

**EAST ONE FAMILY MEMBER! \*\* )**

All information will remain confidential. Multiple family information can be entered after each CLICK on EDIT button.

Please enter and/or review all of the information requested below.

**\*Mailing Address:**

 (Line 1)  
 (Line 2)

**\*City:**  
(Required for U.S.)

**\*State:**  
(Required for U.S.)

**\*Country:**

**\*Citizenship:**

 (Are you a U.S. Citizen?)

**⚠️ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

**\*Birth State:**

**\*Birth Country:**

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

**Combined Family Income:**

- Less than \$10,000
- Between \$10,000 to 14,000
- Between \$15,000 to 19,999
- Between \$20,000 to 24,999
- Between \$25,000 to 29,999
- Between \$30,000 to 34,999
- Between \$35,000 to 39,999
- Between \$40,000 to 44,999
- Between \$45,000 to 49,999
- Between \$50,000 to 59,999
- Between \$60,000 to 74,999
- Between \$75,000 to 99,999
- Between \$100,000 to 149,999
- Between \$150,000 to 199,999
- Between \$200,000 to 249,999
- \$250,000 or More

Household income of your family? Includes biological, step, foster, or adopted children who live with most of the year.

**\*Are you the first child?**  
(to include grandpa)

**\*Social Security Number:**

 No Dashes

**\*Phone - OR - International:**

 (999) 999-9999

**\*Zip Code: (Required for U.S.)**

 -  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex:

Preferred Gender:

**\*Adopted:**

## Family Information ↑

**( \*\* F Enter AT LEAST ONE FAMILY MEMBER! \*\* )**

Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.

Please enter and/or review all of the information requested below.

**\*Mailing Address:**  (Line 1)  
 (Line 2)

**\*City: (Required for U.S.):**

**\*State: (Required for U.S.):**

**\*Country:**

**\*Citizenship:**  (Are you a U.S. Citizen?)

**⚠ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

**\*Birth State:**

**\*Birth Country:**

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

**Combined Family Income:**

**⚠ Income NOTE:**

What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.

**\*Are you the first member** of your immediate family (to include grandparents) to attend college?

- Yes
- No

**\*Social Security Number:**

No Dashes

**\*Phone - OR - International:**

(999) 999-9999

**\*Zip Code: (Required for U.S.)**

-  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex:

Preferred Gender:

**\*Adopted:**

Please enter and/or review all of the information requested below.

**\*Mailing Address:**  (Line 1)  
 (Line 2)

**\*City:**   
(Required for U.S.)

**\*State:**  ▼  
(Required for U.S.)

**\*Country:**  ▼

**\*Citizenship:**  ▼ (Are you a U.S. Citizen?)

**⚠ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

**\*Birth State:**  ▼

**\*Birth Country:**  ▼

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

**Combined Family Income:**  ▼

**⚠ Income NOTE:**

What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.

**\*Are you the first member** of your immediate family (to include grandparents) to attend college?  ▼

**\*Social Security Number:**

No Dashes

**\*Phone - OR - International:**

(999) 999-9999

**\*Zip Code: (Required for U.S.)**

-  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex:  ▼

FEMALE

Preferred Gender:  ▼

**\*Adopted:**  ▼

Please enter and/or review all of the information requested below.

**\*Mailing Address:**  (Line 1)

(Line 2)

**\*City:**   
(Required for U.S.)

**\*State:**   
(Required for U.S.)

**\*Country:**

**\*Citizenship:**  BIRTH (Are you a U.S. Citizen?)

**⚠️ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

**\*Birth State:**

**\*Birth Country:**  United States

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

**Combined Family Income:**

**⚠️ Income NOTE:**

What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.

**\*Are you the first member** of your immediate family (to include grandparents) to attend college?

**\*Social Security Number:**

No Dashes

**\*Phone - OR - International:**

(999) 999-9999

**\*Zip Code: (Required for U.S.)**

-  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex:  MALE

Preferred Gender:  MALE

**\*Adopted:**  No  MALE

Please enter and/or review all of the information requested below.

**\*Mailing Address:**

 (Line 1) (Line 2)

**\*City:**  
(Required for U.S.)

**\*State:**  
(Required for U.S.)

**\*Country:**

**\*Citizenship:**

 (Are you a U.S. Citizen?)

**⚠️ Citizenship NOTE:**

Naturalized Citizen means that you were born in and were a citizen of another country but were granted US citizenship through the US Immigration and Naturalization Service (INS). Family members of US Military personnel born outside of the US are typically considered US Citizens by birth.

**\*City of Birth:**

\*Birth State

**\*Birth Country:**

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

Combined Family Income:

**⚠️ Income NOTE:**

What is your best estimate of the combined household income of your family? Consider combined pre-tax income from all parents (biological, step, foster, or adoptive parents, and/or adult guardians) you live with most of the year.

**\*Are you the first member** of your immediate family (to include grandparents) to attend college?

**\*Social Security Number:**

 No Dashes

**\*Phone - OR - International:**

 (999) 999-9999

**\*Zip Code: (Required for U.S.)**

 -  [Zip Lookup](#)

**\*E-Mail Address:**

**\*Verify E-Mail:**

Birth Sex:

Preferred Gender:

**\*Adopted:**

Yes

No

## Family Information ↑

( \*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\* )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently **Attending** or **Attended** a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

### Family Member(s)

Add / Edit Family Member Save Family Member Cancel New Record

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone  
Number:  
(999) 999-9999

Highest Education  
Achieved:

**Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Appointment / Military ↑

\*Are you seeking an appointment under: 1) Presidential, Children of Deceased or Disabled Veterans, 2) Children of Persons Awarded the Medal of Honor, 3) Army Junior / Senior ROTC programs, or 4) Honor ROTC units of other service categories?

i. \*Are you now on active duty in the: U.S. Army drawing full pay?

ii. Are you now serving in the: Regular Army, Army Reserves or Army National Guard?

iii. Have you been deployed in support of any: GWOT operations?  If you answered Yes to GWOT operations, please give deployment dates and theater of operations IF GWOT operations is "Yes" in Remarks.

Enter deployment dates and theater of operations in Remarks. Remarks for GWOT Operations: ie 09/03 - 09/04: MP Support in Saudi Arabia.

Max. 255 Characters 255 characters left

# Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:


BROTHER  
FATHER  
GUARDIAN (FEMALE)  
GUARDIAN (MALE)  
MOTHER  
SISTER  
STEPFATHER  
STEPMOTHER

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

NONE

Family Member(s)  
Military Academy  
Graduation Year:

i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?



# Family Information ↑

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

[Add / Edit Family Member](#) [Save Family Member](#) [Cancel New Record](#)

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone

Number:  
(999) 999-9999

Highest Education  
Achieved:

DOCTOR  
HONORABLE  
MR  
MRS  
MS  
**NONE**  
PROFESSOR  
RABBI  
REVEREND

**Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Unknown

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

NONE

i.e. 1975

## Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently **Attending or Attended** a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

### Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

[Add / Edit Family Member](#) [Save Family Member](#) [Cancel New Record](#)

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

Junior High /Middle School or Less  
Some High School  
High school graduate  
Postsecondary School other than college  
Technical School / Trade Program  
1-2 Years of College  
Associate degree (2 year college)  
3-4 years College  
Bachelor degree (4 year college)  
Some Graduate School  
Graduate Degree (aka Master's Degree)  
Some Post Graduate School  
Post Graduate Certificate  
Doctorate/Professional degree

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

If this Family Member(s) has ever been or is a member of the  
Armed Forces, complete the following then enter

#### (Military Status of Family Member):

Branch of Service:

Unknown

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

# Family Information ↑

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

Add / Edit Family Member Save Family Member Cancel New Record

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999

Highest Education  
Achieved:

### Education NOTE:

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

NONE  
US AIR FORCE ACADEMY  
US COAST GUARD ACADEMY  
US MERCHANT MARINE ACADEMY  
US MILITARY ACADEMY  
US NAVAL ACADEMY

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Unknown

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Family Information ↑

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

### Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

Add / Edit Family Member Save Family Member Cancel New Record

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999

Highest Education  
Achieved:

**Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

#### (Military Status of Family Member):

Branch of Service:

Unknown

US Air Force

US Army

US Coast Guard

US Marine Corps

US Navy

Rank:

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

### Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

[Add / Edit Family Member](#) [Save Family Member](#) [Cancel New Record](#)

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

# Family Information

**( \*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\* )**

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education

Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)

Military Academy  
Affiliation:

Family Member(s)

Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

# Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepmother's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



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Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Yes  
No

Component:

Active Duty?

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Family Information ↑

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

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Selection List:  
0 Family Members

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New Record



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(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999

Highest Education  
Achieved:

**Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the  
Armed Forces, complete the following then enter

#### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

Yes  
No

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?



## Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

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Selection List:  
0 Family Members

### Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:

Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

#### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

# Family Information

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

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- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

## Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

Add / Edit Family Member

Save Family Member

Cancel New Record

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:


\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999 

Highest Education  
Achieved:

 **Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)  
Military Academy  
Affiliation:


Family Member(s)  
Military Academy  
Graduation Year:

 i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Unknown 

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Yes  
No

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Family Information ↑

( **\*\* REQUIRED: Please Enter AT LEAST ONE FAMILY MEMBER! \*\*** )

All information WILL remain confidential. Multiple family Information can be entered after each CLICK on EDIT button.

- Enter Father's (or Stepfather's or Guardian's) information if applicable.
- Enter Mother's (or Stepmother's or Guardian's) information if applicable.
- Enter Brother's and/or Sister's information **only** if they are presently Attending or Attended a U.S. Service Academy.
- Select 'Save Family Member' when EACH Family Information is completed.

Selection List:  
0 Family Members

### Family Member(s)

New Record



To enter New Family Member information, select New Record, then press the Edit button. To Edit or Save existing Family Member, simply select the Name, then Edit.

(Enter SIBLINGS ONLY if they ATTENDED OR ATTENDING An ACADEMY)

Select Check Box To Delete Family Member:

\*Relationship:

\*First Name:

\*Last Name:

Title:

Occupation:

Daytime Phone

Number:

(999) 999-9999

Highest Education

Achieved:

**Education NOTE:**

To the best of your knowledge, what is the highest level of education obtained by this parent?

Family Member(s)

Military Academy  
Affiliation:

Family Member(s)

Military Academy  
Graduation Year:

i.e. 1975

If this Family Member(s) has ever been or is a member of the Armed Forces, complete the following then enter

### (Military Status of Family Member):

Branch of Service:

Rank:

Active Duty?

Service Component:

100% service connected disability?

Living?

Deceased/ While on Active Duty?

Retired from Military?

Discharged from Military?

## Appointment / Military ↑

**\*Are you seeking an appointment under:** 1) Presidential, Children of Deceased or Disabled Veterans, 2) Children of Medal of Honor, 3) Army Junior / Senior ROTC programs, or 4) Honor ROTC units of other service categories?   **Medals of Honor or Medals of Merit Awarded**

**i. \*Are you now on active duty in the:** U.S. Army drawing full pay?  ▾

**ii. Are you now serving in the:** Regular Army, Army Reserves or Army National Guard?  ▾

**iii. Have you been deployed in support of any:** GWOT operations?  ▾ If you answered Yes to GWOT operations, please give deployment dates and theater of operations IF GWOT operations is "Yes" in **Remarks**.

Enter deployment dates and theater of operations in Remarks. **Remarks** for GWOT Operations: *ie 09/03 - 09/04: MP Support in Saudi Arabia.*

Max. 255 Characters  characters left

## Language(s) ↑

**\*Are you fluent in a language besides English?**  ▾

**Yes.** Fluent in (Please check all that apply) Language(s).

ARABIC  CHINESE  FRENCH  GERMAN  HEBREW  HINDI  ITALIAN  JAPANESE  KOREAN

LATIN  PORTUGUESE  RUSSIAN  SPANISH  VIETNAMESE Other(s):

*Other(s) (Separate multiple entries with a comma)*

## Appointment / Military ↑

**\*Are you seeking an appointment under:** 1) Presidential, Children of Deceased or Disabled Veterans, 2) Children of Persons Awarded the Medal of Honor, 3) Army Junior / Senior ROTC programs, or 4) Honor ROTC units of other service categories?

**i. \*Are you now on active duty in the:** U.S. Army drawing full pay?

Yes

No

**ii. Are you now serving in the:** Regular Army, Army Reserves or Army National Guard?

No

**iii. Have you been deployed in support of any:** GWOT operations?  No If you answered Yes to GWOT operations, please give deployment dates and theater of operations IF GWOT operations is "Yes" in **Remarks**.

Enter deployment dates and theater of operations in Remarks. **Remarks** for GWOT Operations: *ie 09/03 - 09/04: MP Support in Saudi Arabia.*

Max. 255 Characters  255 characters left

## Language(s) ↑

**\*Are you fluent in a language besides English?**  No

**Yes.** Fluent in (Please check all that apply) Language(s).

ARABIC  CHINESE  FRENCH  GERMAN  HEBREW  HINDI  ITALIAN  JAPANESE  KOREAN

LATIN  PORTUGUESE  RUSSIAN  SPANISH  VIETNAMESE

Other(s):

*Other(s) (Separate multiple entries with a comma)*

## Appointment / Military ↑

**\*Are you seeking an appointment under:** 1) Presidential, Children of Deceased or Disabled Veterans, 2) Children of Persons Awarded the Medal of Honor, 3) Army Junior / Senior ROTC programs, or 4) Honor ROTC units of other service categories?

**i. \*Are you now on active duty in the:** U.S. Army drawing full pay?

Guard  
Invitational Reserve  
**No**  
Regular  
Reserve

**ii. Are you now serving in the:** Regular Army, Army Reserves or Army National Guard?

**iii. Have you been deployed in support of any:** GWOT operations?  If you answered Yes to GWOT operations, please give deployment dates and theater of operations IF GWOT operations is "Yes" in **Remarks**.

Enter deployment dates and theater of operations in Remarks. **Remarks** for GWOT Operations: *ie 09/03 - 09/04: MP Support in Saudi Arabia.*

Max. 255 Characters  characters left

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LATIN  PORTUGUESE  RUSSIAN  SPANISH  VIETNAMESE Other(s):

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**ii. Are you now serving in the:** Regular Army, Army Reserves or Army National Guard?

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Max. 255 Characters  characters left

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**Yes.** Fluent in (Please check all that apply) Language(s).

ARABIC  CHINESE  FRENCH  GERMAN  HEBREW  HINDI  ITALIAN  JAPANESE  KOREAN  
 LATIN  PORTUGUESE  RUSSIAN  SPANISH  VIETNAMESE Other(s):

*Other(s) (Separate multiple entries with a comma)*

## Appointment / Military ↑

**\*Are you seeking an appointment under:** 1) Presidential, Children of Deceased or Disabled Veterans, 2) Children of Persons Awarded the Medal of Honor, 3) Army Junior / Senior ROTC programs, or 4) Honor ROTC units of other service categories?

**i. \*Are you now on active duty in the:** U.S. Army drawing full pay?

**ii. Are you now serving in the:** Regular Army, Army Reserves or Army National Guard?

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Max. 255 Characters  characters left

## Language(s) ↑

**\*Are you fluent in a language besides English?**

**Yes.** Fluent in (Please check all that apply) Language(s).

ARABIC  CHINESE  FRENCH  GERMAN  HEBREW  HINDI  ITALIAN  JAPANESE  KOREAN

LATIN  PORTUGUESE  RUSSIAN  SPANISH  VIETNAMESE Other(s):

*Other(s) (Separate multiple entries with a comma)*



## Other / Legalities ↑

### SECTION A

**\*Are you currently or have you ever been a:** cadet/ midshipman at any of the U.S Service Academies or Prep Schools? (excluding current USMAPS)

 Yes  
 No

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

**\*Have you ever been a candidate for any of the:** U.S. Service Academies or Prep Schools? (not admitted)  No

 No

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

Explain here if you were a member / candidate to one or more of the above. **Remarks**

Max.

255 Characters  characters left

**\*If I am admitted, you may release my:** contact information to my local West Point Parents' Club.

**\*Have you ever had corrective:** Eye-Surgery(Lasek, Lasik, PRK)? If not please select None.

**\*Do you currently have a Tattoo?**

### SECTION B

**\*Have you ever been placed on:** probation, suspended or expelled from any high school or college?

If Yes, please enter the **date**, **school** and **reason**:

Enter Reason and Please submit separately other documentation.

Max.

255 Characters  characters left

"Documentation regarding any offenses should be mailed separately to the admissions office."

Mail to: Directorate of Admissions 646 Swift Road West Point, NY 10996-9903

## Other / Legalities ↑

### SECTION A

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

(excluding current USMAPS)

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

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USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

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(excluding current USMAPS)

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS    USMA    USNAPS/ USNA    USAFAS/ USAFA    USNAPS(DG)/ USCGA    USMMA    NONE

**\*Have you ever been a candidate for any of the:** U.S. Service Academies or Prep Schools? (not admitted)  ▼

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS    USMA    USNAPS/ USNA    USAFAS/ USAFA    USNAPS(DG)/ USCGA    USMMA    NONE

Explain here if you were a member / candidate to one or more of the above. **Remarks**

Max.

255 Characters  characters left

**\*If I am admitted, you may release my:** contact information to my local West Point Parents' Club.

**\*Have you ever had corrective:** Eye-Surgery(Lasek, Lasik, PRK)? If not please select None.  ▼

**\*Do you currently have a Tattoo?**  ▼

### SECTION B

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## Other / Legalities ↑

### SECTION A

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USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

Explain here if you were a member / candidate to one or more of the above. **Remarks**

Max.

255 Characters  characters left

**\*If I am admitted, you may release my:** contact information to my local West Point Parents

Lasik  
Lasek  
PRK  
None

**\*Have you ever had corrective:** Eye-Surgery(Lasek, Lasik, PRK)? If not please select None.

**\*Do you currently have a Tattoo?**

### SECTION B

**\*Have you ever been placed on:** probation, suspended or expelled from any high school or college?

If Yes, please enter the **date**, **school** and **reason**:

Enter Reason and Please submit separately other documentation.

Max.

255 Characters  characters left

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## Other / Legalities ↑

### SECTION A

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

(excluding current USMAPS)

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

**\*Have you ever been a candidate for any of the:** U.S. Service Academies or Prep Schools? (not admitted)  ▼

If **Yes**, which? Note that you can only select one, but you can explain further in the remarks section below if more than one applies.

USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

Explain here if you were a member / candidate to one or more of the above. **Remarks**

Max.

255 Characters  characters left

**\*If I am admitted, you may release my:** contact information to my local West Point Parents' Club.  ▼

**\*Have you ever had corrective:** Eye-Surgery (Lasek, Lasik, PRK)? If not please select None.  ▼

Yes  
No

**\*Do you currently have a Tattoo?**

### SECTION B

**\*Have you ever been placed on:** probation, suspended or expelled from any high school or college?  ▼

If Yes, please enter the **date**, **school** and **reason**:

Enter Reason and Please submit separately other documentation.

Max.

255 Characters  characters left

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## Other / Legalities ↑

### SECTION A

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

(excluding current USMAPS)

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USMAPS  USMA  USNAPS/ USNA  USAFAS/ USAFA  USNAPS(DG)/ USCGA  USMMA  NONE

Explain here if you were a member / candidate to one or more of the above. **Remarks**

Max.

255 Characters  characters left

**\*If I am admitted, you may release my:** contact information to my local West Point Parents' Club.  ▼

**\*Have you ever had corrective:** Eye-Surgery(Lasek, Lasik, PRK)? If not please select None.  ▼

**\*Do you currently have a Tattoo?**  ▼

### SECTION B

**\*Have you ever been placed on:** probation, suspended or expelled from any high school or college?  ▼

If Yes, please enter the **date**, **school** and **reason**:

Enter Reason and Please submit separately other documentation.

Max.

255 Characters  characters left

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## SECTION C

Yes  
No

**\*Have you ever been:** cited, arrested, convicted or fined for any violation of law?

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 incidents(s) resulted in a court conviction, you must send the admissions office 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.

Enter *cited, arrested, convicted or fined violation(s)*:

**Remarks** for Legal Infractions: *ie 09/15/05 Ticketed for Speeding. Paid \$50.00 fine.*

Max.

255 Characters  characters left

**"Documentation regarding any offenses should be mailed separately to the admissions office."**

Mail to: Directorate of Admissions 646 Swift Road West Point, NY 10996-9903

## SECTION D

By checking this box, I acknowledge that I have been notified of the Department of Defense Religious Accommodation Policy. Department of Defense policy is to accommodate individual expressions of sincerely held beliefs unless it could have an adverse impact on military readiness, unit cohesion, good order, discipline, health, or safety. The Army places a high value on the rights of its Soldiers to observe the tenets of their respective religions or to observe no religion at all. Commanders may be authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are currently contained in AR 600-20, DoDI 1300.17, Army Directive (AD) 2016-34, and AD 2017-03. I understand that the Army cannot guarantee accommodation of religious practices. I understand that if I submit a request for religious accommodation, I must continue to abide by all policies and standards unless my request is approved.

**IF YOU EXIT THIS FORM PRIOR TO AUTHORIZING, ANY CHANGES YOU'VE MADE WILL BE DISCARDED**

**Candidate Authorization and Date (Required Next..)**

[Review Information Before Submitting](#)



**West Point Admissions - Building 606, West Point, New York 10996 - (845) 938-4041 - FAX: (845)938-3021**

**USMA.Admissions@usma.edu**

## High School Information

Is the High School ETS Code, Name, Address, City, State & Zip information correct?

If you need to make changes to the high school name or address, you MUST select "No"

If you answer 'No' to the above question, please update your high school's information here so that we can update our records with the correct data.

High School Name:

ETS Code: **332375**

High School Address:

High School City: , State:  Zip: -

### Please Also Provide:

\*High School Phone: (  )   Fax: (  )

Type of School:

Percent of Grad Class Expected To Enter: 2-Yr. College % 4-Yr. College %

\*Total Number of High Schools Candidate Has Attended:

## School Official

\*First Name:

\*Last Name:

\*Official Title:

**\*School Official:** You have the right to request confidentiality as a condition for providing information about this candidate. Otherwise, your responses may be disclosed. Please choose one of the following options:

My responses may be disclosed.  I prefer my responses remain confidential.

## Digital Authorization



West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996

Phone: (845) 938-4041 - Fax: (845) 938-3021



## High School Information

Is the High School ETS Code, Name, Address, City, State & Zip information correct?

 No  
 Yes

If you need to make changes to the high school name or address, you MUST select "No"

If you answer 'No' to the above question, please update your high school's information here so that we can update our records with the correct data.

High School Name:

ETS Code: **332375**

High School Address:

High School City:  State:  Zip:

### Please Also Provide:

\*High School Phone: (  )   Fax: (  )

Type of School:

Percent of Grad Class Expected To Enter: 2-Yr. College % 4-Yr. College %

\*Total Number of High Schools Candidate Has Attended:

## School Official

\*First Name:

\*Last Name:

\*Official Title:

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Home > Overview > Candidate Activities Record (CAR) Form

## Candidate Activities Record USMA Class of 2027

**⚠ : PLEASE REFRAIN FROM ENTERING ANY CHARACTERS SUCH AS "<>+?^\$\*{}&%" FROM ALL INPUT FIELDS.**

**First Name: JOHN M.I. : X. Last Name: DOE West Point ID: C10282517**

**i Instructions:** Fields in bold and with an asterisk (\*) are required. When you've completed this form, click "Review Information Before Submitting". You'll be able to review your information and make changes before submitting. Note: Upon verification of this data, once Review Information Before button is selected, candidate can preview before sending school official email confirming that this information is correct and valid. Understand, if any changes are made and a decision is made to close the form, changes will not persist. Changes will however persist through the opening reviewing, re-editing and email process. Once reviewed, this becomes final.

**JUMP TO: Athletics | 1. School Offices Held | 2. Leadership | 3. Newspaper-Yearbook | 4. Awards | 5. Dramatics-Debate  
6. Music Participation | 7. Scouting-Civil Air-ROTC | 8. Other Activities | Foreign Study-Employment**

### Athletic Activities ↑

Select a sport to add to your list:   **i Martial Arts or Mixed M.A.!**

SPORT (GRADE 9-12)	YEARS PLAYED	VARSITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
<b>1</b> CROSS COUNTRY (MEN)	3 ▾	3 ▾	0 ▾	0 ▾	<input type="checkbox"/>
<b>2</b> TRACK, INDOOR (MEN)	3 ▾	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>
<b>3</b> TRACK, OUTDOOR (MEN)	2 ▾	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>

**Sport Remarks (Explain in Remarks and Provide Documentation for Years of Special Recognition)**

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

### Extracurricular Activities ↑

Please list your extracurricular activities and the number of years participated in each

**1. School Offices Held:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/> <input type="button" value="Add"/>		
[ No activities on file for this category ]		

**2. Leadership Participation:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/> <input type="button" value="Add"/>		
[ No activities on file for this category ]		

**3. Newspaper & Yearbook:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/> <input type="button" value="Add"/>		
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1 CROSS COUNTRY (MEN)	3 ▾	3 ▾	0 ▾	0 ▾	<input type="checkbox"/>
2 TRACK, INDOOR (MEN)	1 2	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>
3 TRACK, OUTDOOR (MEN)	3 4	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>

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1 CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
2 TRACK,INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
3 TRACK,OUTDOOR (MEN)	0 1 2 3 4	2	0	0	<input type="checkbox"/>

Sport Remarks (Explain in Remarks and Provide Documentation for Years of Special Recognition)

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

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[ No activities on file for this category ]										
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Select to add: <input type="text"/>	<input type="button" value="Add"/>									
1 Yearbook Writer/Reporter/Staff	* 0	<input type="checkbox"/>								



# West Point Admissions CANDIDATES

DUTY · HONOR · COUNTRY UNITED STATES MILITARY ACADEMY

JOHN X. DOE (2027) : Home | Profile | Overview | Upload Docs | Nominations | Field Force Representative

Home > Overview > Candidate Activities Record (CAR) Form

## Candidate Activities Record USMA Class of 2027

**PLEASE REFRAIN FROM ENTERING ANY CHARACTERS SUCH AS "<>+?^\$\*{}&% " FROM ALL INPUT FIELDS.**

First Name: **JOHN** M.I. : **X.** Last Name: **DOE** West Point ID: **C10282517**

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### Athletic Activities ↑

Select a sport to add to your list:  Add **Martial Arts or Mixed M.A.!**

SPORT (GRADE 9-12)	YEARS PLAYED	VARSITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
<b>1</b> CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
<b>2</b> TRACK,INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
<b>3</b> TRACK,OUTDOOR (MEN)	2	2	0	0	<input type="checkbox"/>

Sport Remarks (Explain in Remarks and Provide Documentation for Years of Special Recognition)

- 0
- 1
- 2**
- 3
- 4

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

### Extracurricular Activities ↑

Please list your extracurricular activities and the number of years participated in each

**1. School Offices Held:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
[ No activities on file for this category ]		

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2 TRACK,INDOOR (MEN)	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
3 TRACK,OUTDOOR (MEN)	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>

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2 TRACK, INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
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<b>3</b> TRACK,OUTDOOR (MEN)	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>

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3 TRACK,OUTDOOR (MEN)	2	2	2	0	<input type="checkbox"/>
			3		
			4		

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1 CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
2 TRACK, INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
3 TRACK, OUTDOOR (MEN)	2	2	0 1 2 3 4	0	<input type="checkbox"/>

**Sport Remarks (Explain in Remarks and Provide Documentation for Years of Special Recognition)**

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

### Extracurricular Activities ↑

Please list your extracurricular activities and the number of years participated in each

**1. School Offices Held:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
[ No activities on file for this category ]		

**2. Leadership Participation:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
[ No activities on file for this category ]		

**3. Newspaper & Yearbook:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Yearbook Writer/Reporter/Staff	* 0	<input type="checkbox"/>



# West Point Admissions CANDIDATES

DUTY · HONOR · COUNTRY UNITED STATES MILITARY ACADEMY

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Home > Overview > Candidate Activities Record (CAR) Form

## Candidate Activities Record USMA Class of 2027

**PLEASE REFRAIN FROM ENTERING ANY CHARACTERS SUCH AS "<>+?^\$\*{}&%" FROM ALL INPUT FIELDS.**

First Name: JOHN M.I. : X. Last Name: DOE West Point ID: C10282517

**Instructions:** Fields in bold and with an asterisk (\*) are required. When you've completed this form, click "Review Information Before Submitting". You'll be able to review your information and make changes before submitting. Note: Upon verification of this data, once Review Information Before button is selected, candidate can preview before sending school official email confirming that this information is correct and valid. Understand, if any changes are made and a decision is made to close the form, changes will not persist. Changes will however persist through the opening reviewing, re-editing and email process. Once reviewed, this becomes final.

**JUMP TO:** Athletics | 1. School Offices Held | 2. Leadership | 3. Newspaper-Yearbook | 4. Awards | 5. Dramatics-Debate | 6. Music Participation | 7. Scouting-Civil Air-ROTC | 8. Other Activities | Foreign Study-Employment

### Athletic Activities ↑

Select a sport to add to your list:  Add **Martial Arts or Mixed M.A.!**

SPORT (GRADE 9-12)	YEARS PLAYED	VARSIITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
1 CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
2 TRACK, INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
3 TRACK, OUTDOOR (MEN)	2	2	0	0	<input type="checkbox"/>

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ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	Add	
[ No activities on file for this category ]		

**2. Leadership Participation:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	Add	
[ No activities on file for this category ]		

**3. Newspaper & Yearbook:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	Add	
1 Yearbook Writer/Reporter/Staff	* 0	<input type="checkbox"/>

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Select a sport to add to your list:  Add **Martial Arts or Mixed M.A.!**

SPORT (GRADE 9-12)	YEARS PLAYED	VARSITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
<b>1</b> CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
<b>2</b> TRACK, INDOOR (MEN)	3	2	0	0 1 2 3 4	<input type="checkbox"/>
<b>3</b> TRACK, OUTDOOR (MEN)	2	2	0		<input type="checkbox"/>

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SPORT (GRADE 9-12)	YEARS PLAYED	VARSITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
<b>1</b> CROSS COUNTRY (MEN)	3	3	0	0	<input type="checkbox"/>
<b>2</b> TRACK,INDOOR (MEN)	3	2	0	0	<input type="checkbox"/>
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Select a sport to add to your list:   **Martial Arts or Mixed M.A.!**

SPORT (GRADE 9-12)	YEARS PLAYED	VARSITY LETTERS	YEARS AS VARSITY TEAM CAPTAIN	YEARS OF SPECIAL RECOGNITION	DELETE
<b>1</b> CROSS COUNTRY (MEN)	3 ▾	3 ▾	0 ▾	0 ▾	<input type="checkbox"/>
<b>2</b> TRACK, INDOOR (MEN)	3 ▾	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>
<b>3</b> TRACK, OUTDOOR (MEN)	2 ▾	2 ▾	0 ▾	0 ▾	<input type="checkbox"/>

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Select to add: <input type="text"/> <input type="button" value="Add"/>		
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**5. Dramatics & Debate:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
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**6. Music Participation::**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
<b>1</b> All State Band/Chorus	* <input type="text" value="0"/>	<input type="checkbox"/>

**7. Scouting, Civil Air Patrol & ROTC:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
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<b>1</b> JROTC/ROTC Officer/CSM/1SG	* <input type="text" value="0"/>	<input type="checkbox"/>

**8. Other Activities:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
<b>1</b> Camp Counselor	* <input type="text" value="0"/>	<input type="checkbox"/>
<b>2</b> Church Group President	* <input type="text" value="0"/>	<input type="checkbox"/>
<b>3</b> Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>
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**Foreign Study** ↑

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**Employment** ↑

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(Number of Yrs Worked during Grade 9-12)

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7. Scouting, Civil Air Patrol & ROTC:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 JROTC/ROTC Of		<input type="checkbox"/>

- Camp Fire Girls Representative National Meetings
- Civil Air Patrol Eaker Award(C/LTC)
- Civil Air Patrol Member
- Civil Air Patrol Officer/1SG
- Civil Air Patrol Spaatz Award (C/COL)
- JROTC Regimental/Brigade Commander
- JROTC/ROTC Battalion Commander
- JROTC/ROTC Member
- Scouting Eagle/Gold Award
- Scouting Member
- Senior Patrol Leader/Junior Assistant Scoutmaster

8. Other Activities:

ACTIVITY	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Camp Counselor		<input type="checkbox"/>
2 Church Group President	* <input type="text" value="0"/>	<input type="checkbox"/>
3 Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>
<b>Other Activity Remarks (Explain in Remarks)</b>		
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)</p>		

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**4. Awards:**

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ACTIVITY (GRADE 9-12)	YEARS	DELETE
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Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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Select to add: <input type="text"/>	<input type="button" value="Add"/>	
<b>1</b> Camp Counselor	* <input type="text" value="0"/>	<input type="checkbox"/>
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ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 All State Band/Chorus	* 0	<input type="checkbox"/>

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Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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8. Other Activities:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Camp Counselor		<input type="checkbox"/>
2 Church Group Officer		<input type="checkbox"/>
3 Junior Achievement		<input type="checkbox"/>
Other Activities		<input type="checkbox"/>

- Certified EMT/EMS
- Church Group Member
- Church Group Officer
- Civil Air Patrol/ROTC Member
- Class Secretary/Treasurer
- Jr Achieve/4H/Future Farmers of America Member
- Jr Achieve/4H/Future Farmers of America Officer
- Jr Achieve/4H/Future Farmers of America President
- Master of Ceremonies/Chairperson
- Model United Nations Member
- Model United Nations Officer
- Model United Nations President
- Officer Non-School Club
- Other Extracurricular Activities
- Volunteer Firefighter

Foreign Study ↑

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Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Camp Counselor	* <input type="text" value="0"/>	<input type="checkbox"/>
2 Church Group President	* <input type="text" value="1"/>	<input type="checkbox"/>
3 Junior Achievement Member	* <input type="text" value="3"/>	<input type="checkbox"/>

**Other Activity Remarks (Explain in Remarks)**

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1. School Offices Held:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
[ No activities on file for this category ]		

2. Leadership Participation:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
[ No activities on file for this category ]		

3. Newspaper & Yearbook:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
<b>1</b> Yearbook Writer/Reporter/Staff	* <input type="text" value="0"/>	<input type="checkbox"/>

4. Awards:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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<b>1</b> All State Band/Chorus	* <input type="text" value="0"/>	<input type="checkbox"/>

7. Scouting, Civil Air Patrol & ROTC:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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8. Other Activities:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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<b>2</b> Church Group President	* <input type="text" value="0"/>	<input type="checkbox"/>
<b>3</b> Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>
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**8. Other Activities:**

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
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<b>3</b> Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>
<b>Other Activity Remarks (Explain in Remarks)</b>		
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**Foreign Study** ↑

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Length of Stay (One or More Months):

Foreign Study, Add Remarks. ie(Who Sponsored and where.)

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**Employment** ↑

\* Worked school Days for entire school Year: \*

(Number of Yrs Worked during Grade 9-12)

\* Hours worked per week: \*

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ACTIVITY (GRADE 9-12)	YEARS	DELETE
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ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Camp Counselor	* <input type="text" value="0"/>	<input type="checkbox"/>
2 Church Group President	* <input type="text" value="0"/>	<input type="checkbox"/>
3 Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>

**Other Activity Remarks (Explain in Remarks)**

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6. Music Participation::

ACTIVITY (GRADE 9-12)	YEARS	DELETE
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3 Junior Achievement Member	* 0	<input type="checkbox"/>
<b>Other Activity Remarks (Explain in Remarks)</b>		
<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p>Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)</p>		

Foreign Study ↑

\* Foreign Study? \*

Length of Stay (One or More Months):

Foreign Study, Add Remarks. ie(Who Sponsored where.)

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Employment ↑

\* Worked school Days for entire school Year: \*

(Number of Yrs Worked during Grade 9-12)

\* Hours worked per week: \*



6. Music Participation::

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 All State Band/Chorus	* <input type="text" value="0"/>	<input type="checkbox"/>

7. Scouting, Civil Air Patrol & ROTC:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 JROTC/ROTC Officer/CSM/1SG	* <input type="text" value="0"/>	<input type="checkbox"/>

8. Other Activities:

ACTIVITY (GRADE 9-12)	YEARS	DELETE
Select to add: <input type="text"/>	<input type="button" value="Add"/>	
1 Camp Counselor	* <input type="text" value="0"/>	<input type="checkbox"/>
2 Church Group President	* <input type="text" value="0"/>	<input type="checkbox"/>
3 Junior Achievement Member	* <input type="text" value="0"/>	<input type="checkbox"/>

Other Activity Remarks (Explain in Remarks)

Max. 255 Characters (REFRAIN FROM USING DOUBLE QUOTES)

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\* Worked school Days for entire school Year: \*

(Number of Yrs Worked during Grade 9-12)

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2  
3  
4



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Employment ↑

\* Worked school Days for entire school Year: \*

(Number of Yrs Worked during Grade 9-12)

\* Hours worked per week: \*

NONE

10-19 HOURS

20-29 HOURS

30-39 HOURS

40 OR MORE HOURS

9 OR LESS HOURS

NONE





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## Candidate Statements USMA Class of 2027

: PLEASE REFRAIN FROM ENTERING ANY CHARACTERS SUCH AS "<>+^\$\*{}&% " FROM ALL INPUT FIELDS.

First Name: JOHN M.I. : X. Last Name: DOE Date of Birth: 10/21/2005 USMA ID: C10282517

**Instructions: REQUIRED** Please provide a response to each of the three statements listed below. You need to compose your statements using your own thoughts and ideas. Proofreading of your statements by others can only be done to correct spelling and grammar errors with no changes to your original thoughts and ideas. Ensure you review your responses prior to submission. You do not have to complete all three statements in one session. You can save your work and return to it at a later time; however, once you digitally authorize and submit your Candidate Statement, no further updates/ changes are allowed. Each statement should be no greater than 2,500 characters (**Approx between 250-500 words**). When you have completed this form, please click "Review Information Before Submitting". You will be able to review your submission and make any final changes before submitting.

**Statement 1** | **Statement 2** | **Statement 3**

**Statement 1:** Compose your own responses. In the space below,

Maximum 2,500 characters per statement (Approx between 250-500 words):  
0 characters / 0 words

Candidate Authorization and Date (Required Next...)





# West Point Admissions CANDIDATES

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[Statement 1](#) [Statement 2](#) [Statement 3](#)

**Statement 2:** Compose your own response.

Maximum 2,500 characters per statement(Approx between 250-500 words):  
0 characters / 0 words

Candidate Authorization and Date (Required Next...)

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West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996  
Phone: (845) 938-4041 - Fax: (845) 938-3021 [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)

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Save My Work

Maximum 2,500 characters per statement(Approx between 250-500 words):  
0 characters / 0 words

Candidate Authorization and Date (Required Next...)

Review Information Before Submitting





## Point of Contact USMA Class of 2027

**FORM ACCURACY IS CRITICAL**

EMAIL must be exact and correct for the Electronic Process to work correctly and efficiently.  
Fields in bold and with an asterisk (\*) are required.

**CONTACTS WITH INCORRECT EMAIL OR INCOMPLETE EMAIL ADDRESS WILL HINDER AND/OR STOP THE CANDIDATE PROCESS.**

### Contact for CANDIDATE FITNESS ASSESSMENT

**THE CFA ADMINISTRATOR MUST BE:**

1. Physical Education Teachers
2. Military Academy Liaison Officers
3. Military Officers or Noncommissioned Officers
4. Professors of Military Science
5. Field Force Representatives
6. J/ROTC Instructors
7. Coaches and relatives may **NOT** administer your CFA

Coaches **CANNOT** administer the CFA unless they are also PE Teachers.  
Relatives, even if they meet these requirements, may not administer your CFA

If you have already taken the CFA test you can request your scores using this option

\*Position:

\*Prefix/Rank:

\*First Name:

\*Last Name:

Phone - OR - International:

\*E-mail:

\* Verify E-mail:





# West Point Admissions CANDIDATES

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**\*Position:**

**\*Prefix/Rank:**

**\*First Name:**

**\*Last Name:**

Phone - OR - International:

**\*E-mail:**

**\* Verify E-mail:**

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
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\* Verify E-mail:

**CIVILIAN TITLES:**

DOCTOR  
 HONORABLE  
 MR  
 MRS  
 MS  
 NONE  
 PROFESSOR  
 RABBI  
 REVEREND

**MILITARY RANKS:**

1LT - FIRST LIEUTENANT  
 1SG - FIRST SERGEANT  
 2LT - SECOND LIEUTENANT  
 A1C - AIRMAN FIRST CLASS  
 AA - AIRMAN APPRENTICE  
 AB - AIRMAN BASIC  
 ADM - ADMIRAL



## Candidate Fitness Assessment USMA Class of 2027

First Name: JOHN M.I. : X. Last Name: DOE West Point ID: C10282517

Welcome JOHN DOE

All fields are required. The candidate named below is applying for admission to West Point. Please complete this form as accurately as possible. When you've completed this form, click below to "Review Form Before Submitting". You will be able to make any final changes before submitting.

### Official

\*First Name: JOHN

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### School Information & Acknowledgment

I certify that I am authorized to administer this CFA.

Check here to certify that you are one of the officials listed at the right who are authorized to administer the CFA. If you are a Head Coach, you are validating that you also serve as a High School Physical Education Teacher. *Personal Trainers ARE NOT authorized.*  
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- NONCOMMISSIONED OFFICER (NCO)
- PROFESSOR MILITARY SCIENCE
- JROTC INSTRUCTOR
- PE TEACHER
- COMMISSIONED OFFICER
- SERVICE ACADEMY LIAISON OFFICER

I have read the CFA instructions.

Please follow this link ([\\*CFA Instructions\\*](#)) detailing how to correctly administer the Candidate Fitness Assessment (CFA) to requesting students.

\* Your Official Title:

\* School Name:

\* Phone Number:

### Events

Date of Exam: Feb 06, 2022

Before you begin, please refer to the CFA Instructions

1



#### Basketball Throw

(Record the best of 3 attempts in Feet):

2



#### Pull-Ups

Number of Repetitions

3



#### Shuttle Run

(2 round-trips required per attempt -  
Record the best of 2 attempts)

Seconds . Tenths:

4



#### Modified Sit-Ups

Number of Repetitions:

5



#### Push-Ups

Number of Repetitions:

6



#### 1 Mile Run

Minutes : Seconds

## Candidate Fitness Assessment USMA Class of 2027

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5		<b>Push-Ups</b> Number of Repetitions: <input type="text" value="0"/>	6		<b>1 Mile Run</b> Minutes : Seconds <input type="text" value="0"/> : <input type="text" value="00"/>

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- NONCOMMISSIONED OFFICER (NCO)
- PROFESSOR MILITARY SCIENCE
- JROTC INSTRUCTOR
- PE TEACHER
- COMMISSIONED OFFICER
- SERVICE ACADEMY LIAISON OFFICER







**I have read the CFA instructions.**  
 Please follow this link ([\\*CFA Instructions\\*](#)) detailing how to correctly administer the Candidate Fitness Assessment (CFA) to requesting students.

\* Your Official Title:  \* School Name:  \* Phone Number: (  )

### Events

Date of Exam:   ,

**Before you begin, please refer to the [CFA Instructions](#)**

<p><b>1</b></p>  <p><b>Basketball Throw</b> (Record the best of 3 attempts in Feet):</p> <p style="text-align: center;"><input type="text" value="0"/></p>	<p><b>2</b></p>  <p><b>Pull-Ups</b> Number of Repetitions</p> <p style="text-align: center;"><input type="text" value="0"/></p>
<p><b>3</b></p>  <p><b>Shuttle Run</b> (2 round-trips required per attempt - Record the best of 2 attempts) Seconds . Tenths:</p> <p style="text-align: center;"><input type="text" value="0"/> . <input type="text" value="0"/></p>	<p><b>4</b></p>  <p><b>Modified Sit-Ups</b> Number of Repetitions:</p> <p style="text-align: center;"><input type="text" value="0"/></p>
<p><b>5</b></p>  <p><b>Push-Ups</b> Number of Repetitions:</p> <p style="text-align: center;"><input type="text" value="0"/></p>	<p><b>6</b></p>  <p><b>Sprint Run</b> Minutes : Seconds</p> <p style="text-align: center;"><input type="text" value="0"/> : <input type="text" value="00"/></p>

## Candidate Fitness Assessment USMA Class of 2027

First Name: JOHN   M.I. : X   Last Name: DOE   West Point ID: C10282517

### Welcome JOHN DOE

**All fields are required.** The candidate named below is applying for admission to West Point. Please complete this form as accurately as possible. When you've completed this form, click below to "Review Form Before Submitting". You will be able to make any final changes before submitting.

### Official

\*First Name:       \*Last Name:

### School Information & Acknowledgment

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\* Your Official Title:







\* School Name:

\* Phone Number:

### Events

Date of Exam:   ,

Before you begin, please refer to the [CFA Instructions](#)

<p><b>1</b></p>  <p><b>Basketball Throw</b> (Record the best of 3 attempts in Feet):</p> <input type="text" value="0"/>	<p><b>2</b></p>  <p><b>Pull-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>
<p><b>3</b></p>  <p><b>Shuttle Run</b> (2 round-trips required per attempt - Record time of 2 attempts) Stops: Tenth(s):</p> <input type="text" value="0"/> : <input type="text" value="0"/>	<p><b>4</b></p>  <p><b>Modified Sit-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>
<p><b>5</b></p>  <p><b>Push-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>	<p><b>6</b></p>  <p><b>1 Mile Run</b> Minutes : Seconds</p> <input type="text" value="0"/> : <input type="text" value="00"/>

## Candidate Fitness Assessment USMA Class of 2027

First Name: JOHN   M.I. : X.   Last Name: DOE   West Point ID: C10282517

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\* Your Official Title:







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### Events

Date of Exam:  , 2022

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<b>1</b>	 <p><b>Basketball Throw</b> (Record the best of 3 attempts in Feet):</p> <input type="text" value="0"/>	<b>2</b>	 <p><b>Pull-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>
<b>3</b>	 <p><b>Shuttle Run</b> (2 round-trips required per attempt - Record the best of 2 attempts) Seconds . Tenths:</p> <input type="text" value="0"/> . <input type="text" value="0"/>	<b>4</b>	 <p><b>Modified Sit-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>
<b>5</b>	 <p><b>Push-Ups</b> Number of Repetitions:</p> <input type="text" value="0"/>	<b>6</b>	 <p><b>1 Mile Run</b> Minutes : Seconds</p> <input type="text" value="0"/> : <input type="text" value="00"/>

## Candidate Fitness Assessment USMA Class of 2027

First Name: JOHN   M.I. : X   Last Name: DOE   West Point ID: C10282517

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\* School Name:

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### Events

Date of Exam:   ,

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<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">1</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">Basketball Throw</p> <p style="text-align: center; font-size: 12px;">(Record the best of 3 attempts in Feet):</p> <p style="text-align: center; font-size: 24px; margin: 0;">0</p> </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">2</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">Pull-Ups</p> <p style="text-align: center; font-size: 12px;">Number of Repetitions:</p> <p style="text-align: center; font-size: 24px; margin: 0;">0</p> </div>
<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">3</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">Shuttle Run</p> <p style="text-align: center; font-size: 12px;">(2 round-trips required per attempt - Record the best of 2 attempts)</p> <p style="text-align: center; font-size: 12px;">Seconds . Tenths:</p> <p style="text-align: center; font-size: 24px; margin: 0;">0 . 0</p> </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">4</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">Modified Push-Ups</p> <p style="text-align: center; font-size: 12px;">Number of Repetitions:</p> <p style="text-align: center; font-size: 24px; margin: 0;">0</p> </div>
<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">5</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">Push-Ups</p> <p style="text-align: center; font-size: 12px;">Number of Repetitions:</p> <p style="text-align: center; font-size: 24px; margin: 0;">0</p> </div>	<div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">6</p>  <p style="text-align: center; font-weight: bold; margin: 5px 0;">1 Mile Run</p> <p style="text-align: center; font-size: 12px;">Minutes : Seconds</p> <p style="text-align: center; font-size: 24px; margin: 0;">0 : 00</p> </div>

# School Information & Acknowledgment

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\* Your Official Title:

\* School Name:







\* Phone Number:

 (  )   


## Events

Date of Exam: Feb 06, 2022

**Before you begin, please refer to the [CFA Instructions](#)**

<b>1</b>	 <b>Basketball Throw</b> (Record the best of 3 attempts in Feet): <input type="text" value="0"/>	<b>2</b>	 <b>Pull-Ups</b> Number of Repetitions: <input type="text" value="0"/>
<b>3</b>	 <b>Shuttle Run</b> (2 round-trips required per attempt - Record the best of 2 attempts) Seconds . Tenths: <input type="text" value="0"/> . <input type="text" value="0"/>	<b>4</b>	 <b>Modified Sit-Ups</b> Number of Repetitions: <input type="text" value="0"/>
<b>5</b>	 <b>Push-Ups</b> Number of Repetitions: <input type="text" value="0"/>	<b>6</b>	 <b>1 Mile Run</b> Minutes : Seconds <input type="text" value="0"/> : <input type="text" value="00"/> <input type="text" value="0"/> : <input type="text" value="00"/> <input type="text" value="1"/> : <input type="text" value="00"/> <input type="text" value="2"/> : <input type="text" value="00"/> <input type="text" value="3"/> : <input type="text" value="00"/> <input type="text" value="4"/> : <input type="text" value="00"/> <input type="text" value="5"/> : <input type="text" value="00"/> <input type="text" value="6"/> : <input type="text" value="00"/> <input type="text" value="7"/> : <input type="text" value="00"/> <input type="text" value="8"/> : <input type="text" value="00"/> <input type="text" value="9"/> : <input type="text" value="00"/> <input type="text" value="10"/> : <input type="text" value="00"/> <input type="text" value="11"/> : <input type="text" value="00"/> <input type="text" value="12"/> : <input type="text" value="00"/> <input type="text" value="13"/> : <input type="text" value="00"/> <input type="text" value="14"/> : <input type="text" value="00"/> <input type="text" value="15"/> : <input type="text" value="00"/> <input type="text" value="16"/> : <input type="text" value="00"/> <input type="text" value="17"/> : <input type="text" value="00"/> <input type="text" value="18"/> : <input type="text" value="00"/>

## Comments

Comments by Administering Official for any unusual circumstances or candidate withdrawal. (Maximum 155 characters)

[Review Form Before Submitting](#)



\*First Name: JOHN

\*Last Name: DOE

## School Information & Acknowledgment

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\* School Name:




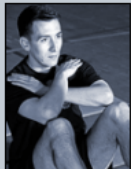


\* Phone Number:

 (  )   

## Events

Date of Exam: Feb 06, 2022

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## Comments

Comments by Administering Official for any unusual circumstances or candidate withdrawal. (Maximum 255 characters)

[Review Form Before Submitting](#)





# West Point Admissions CANDIDATES

DUTY · HONOR · COUNTRY UNITED STATES MILITARY ACADEMY

JOHN X. DOE (2027) : [Home](#) | [Profile](#) | [Overview](#) | [Upload Docs](#) | [Nominations](#) | [Field Force Representative](#)

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## Supplemental Information Sheet USMA Class of 2027

The AGENCY DISCLOSURE NOTICE – The public reporting burden for this collection of information, 0702-0060, 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 collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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 a collection of information if it does not display a currently valid OMB control number.

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: e. 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.

**Candidate ID Number:** C10282517

**Name:** DOE, JOHN X.

**Date:** February 7, 2022

**State:** NY

Please use the space below to provide a list of your college athletic participation and extracurricular activities.

## Digital Authorization

Data you voluntarily submit will be used for fulfilling your request for admission to the United States Military Academy. Failure to provide information could preclude appointment. Official Authorization (Required Next...)

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West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996  
**Phone:** (845) 938-4041 - **Fax:** (845) 938-3021 | [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)

Having trouble logging in? contact your Regional Technician: [Northeast](#), [Southeast](#), [Great Lakes](#), [Southwest](#), [Far West](#).



## Candidate School Official Evaluation USMA Class of 2027

Welcome **DOCTOR JANE DOE**

**Instructions:** Fields in bold and with an asterisk (\*) are required. When you've completed this form, click "Review Information Before Submitting". You'll be able to review your information and make changes before submitting. **Note:** If you select a lookup link and do not see the page, minimize this form. **If you are not the person listed below, please contact the candidate and have them update their contact information and send a new e-mail.**

**IT IS HIGHLY RECOMMENDED THAT YOU SAVE YOUR WORK AS YOU FILL OUT THE FORM**

Your work will be lost if your session times out, and you have not either clicked "Save And Continue Editing" or completed the form.

**PLEASE REFRAIN FROM USING THESE CHARACTERS: "<>+?^\$\*{}&%=\/"**

### Candidate

First Name: **JOHN** M.I. : **X** Last Name: **DOE** West Point ID: **C10282517**

### Your Information

\*First Name: JANE

\*Last Name: DOE

Form Name: **SOE ENGLISH**

\*Your Official Title:

\*School Name:

\*School Phone: numbers only

Save and Continue Editing

### Evaluate the Candidate

Use 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 Question Remarks section below.** Fields marked with an asterisk (\*) are required.

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

#### This candidate has demonstrated an ability to:

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

Save and Continue Editing

**PLEASE REFRAIN FROM USING THESE CHARACTERS:**

**"<>+?^\$\*{}&%="**



**Question Remarks:** If you **disagree** or **disagree strongly** (4 or 5 rating) with any statement, please explain in the Question Remarks section below (Free Text).

Save and Continue Editing

**\*General Remarks:** Please tell us how you feel this candidate would perform at the college level in your discipline. Thank you for your time, concern and cooperation (Free Text).

(Characters: 0 of 8000 max)

**If you would like to send additional documentation on the evaluation of this candidate, please send to the following address:**

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

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

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

Save and Continue Editing

## Authorization

**Authorization (Required Next...)**

Review Information Before Submitting



**West Point Admissions** - 606 Thayer Rd, Bldg 606, West Point, NY 10996  
**Phone:** (845) 938-4041 - **Fax:** (845) 938-3021 [Admissions@westpoint.edu](mailto:Admissions@westpoint.edu)

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## Candidate School Official Evaluation USMA Class of 2027

Welcome MR JOHN DOE

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### Candidate

First Name: JOHN M.I. : X. Last Name: DOE West Point ID: C10282517

### Your Information

\*First Name: JOHN

\*Last Name: DOE

Form Name: SOE MATH

\*Your Official Title:

\*School Name:

\*School Phone: numbers only

Save and Continue Editing

### Evaluate the Candidate

Use 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 Question Remarks section below.** Fields marked with an asterisk (\*) are required.

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

#### This candidate has demonstrated an ability to:

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- \*3. Influence others in a positive manner.
- \*4. Communicate effectively in face to face discussion.
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**"<>+?^\$\*{}&%="**

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Authorization (Required Next...)

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[West Point Candidate Portal](#) [West Point Home Page](#)



## Candidate School Official Evaluation USMA Class of 2027

Welcome PROFESSOR JOHN DOE

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### Candidate

First Name: **JOHN** M.I. : **X** Last Name: **DOE** West Point ID: **C10282517**

### Your Information

\*First Name:

\*Last Name:

Form Name: **SOE PHYSICS**

**CHEMISTRY**

\*Your Official Title:

\*School Name:

\*School Phone: numbers only

Save and Continue Editing

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- \*9. Adjust to demanding schedule of activities without neglecting school work.
- \*10. Seek academic challenge beyond that required by normal course work.
- \*11. Reach sound logical conclusions based on analysis of facts.
- \*12. Accept full responsibility for own actions.

Save and Continue Editing

**PLEASE REFRAIN FROM USING THESE CHARACTERS:**

**"<>+?^\$\*{}&%="**

**Question Remarks:** If you **disagree** or **disagree strongly** (4 or 5 rating) with any statement, please explain in the Question Remarks section below (Free Text).

Save and Continue Editing

**\*General Remarks:** Please tell us how you feel this candidate would perform at the college level in your discipline. Thank you for your time, concern and cooperation (Free Text).

**(Characters: 0 of 8000 max)**

**If you would like to send additional documentation on the evaluation of this candidate, please send to the following address:**

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

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

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

Save and Continue Editing

## Authorization

**Authorization (Required Next...)**

Review Information Before Submitting



**West Point Admissions - 606 Thayer Rd, Bldg 606, West Point, NY 10996**

**Phone: (845) 938-4041 - Fax: (845) 938-3021 ✉ Admissions@westpoint.edu**

Having trouble logging in? contact your Regional Technician: [Northeast](#), [Southeast](#), [Great Lakes](#), [Southwest](#), [Far West](#).

## Candidate Official Evaluation USMA Class of 2027

Welcome MS JANE DOE

**Instructions:** Fields in bold and with an asterisk (\*) are required. When you've completed this form, click "Review Information Before Submitting". You'll be able to review your information and make changes before submitting. **Note:** If you select a lookup link and do not see the page, minimize this form. **If you are not the person listed below, please contact the candidate and have them update their contact information and send a new e-mail.**

**IT IS HIGHLY RECOMMENDED THAT YOU SAVE YOUR WORK AS YOU FILL OUT THE FORM**

Your work will be lost if your session times out, and you have not either clicked "Save And Continue Editing" or completed the form.

**PLEASE REFRAIN FROM USING THESE CHARACTERS: "<>+?^\*{}&%=\/"**

### Candidate

First Name: JOHN M.I. : X. Last Name: DOE West Point ID: C10282517

### Your Information

\*First Name: JANE

\*Last Name: DOE

Form Name: SOE PHYS ED

\*Your Official Title:

\*School Name:

\*School Phone: numbers only

Save and Continue Editing

### Evaluate the Candidate

Use 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 Question Remarks section below.** Fields marked with an asterisk (\*) are required.

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

#### This candidate has demonstrated an ability to:

- \*1. Seek physical challenges beyond that required by normal course work.
- \*2. Work effectively with others toward group goals.
- \*3. Influence others in a positive manner.
- \*4. Sustain strenuous physical demands given current body composition.★
- \*5. Motor learn and possesses exceptional motor fitness and motor skill competencies.★★
- \*6. Set an example of good conduct for others.
- \*7. Set and maintain high standards for own performance in a number of activities.
- \*8. Maintain composure and perform effectively under pressure.
- \*9. Develop strength relative to their body weight.
- \*10. Sustain above moderate cardiorespiratory work for at least 30 minutes.
- \*11. Remain healthy, active and demonstrate athletic and physical excellence.
- \*12. Accept full responsibility for own actions.

★ Physical demands: engage in intense exercise for 1 hour a day, 6 days a week; be physically active for 4+ hours a day; stand on feet for 6-8 hours a day for more than six weeks

★★ Motor Fitness (agility, balance, coordination, speed, power) and Motor Skills (jump, kick, throw, strike)

Save and Continue Editing



**PLEASE REFRAIN FROM USING THESE CHARACTERS:**

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**Question Remarks:** If you **disagree** or **disagree strongly** (4 or 5 rating) with any statement, please explain in the Question Remarks section below (Free Text).

Save and Continue Editing

**\*General Remarks:** Please tell us how you feel this candidate would perform at the college level in your discipline. Thank you for your time, concern and cooperation (Free Text).

**(Characters: 0 of 8000 max)**

**If you would like to send additional documentation on the evaluation of this candidate, please send to the following address:**

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

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

Save and Continue Editing

## Authorization

**Authorization (Required Next...)**

Review Information Before Submitting

# EMPLOYER'S EVALUATION OF CANDIDATE

OMB No. 0702-0060  
OMB Approval Expiration  
March 31, 2022

AGENCY DISCLOSURE NOTICE – The public reporting burden for this collection of information, 0702-0061, is estimated to average 10 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). 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 West Point Admissions, 606, Thayer Road, Building 606, West Point, NY 10996

PRIVACY ACT STATEMENT AUTHORITY: Title 5 United States Code, Government Organization and Employees, Ch 403, Sec 4346; Ch 505, Sec 5031; Ch 603, Sec 6958; Title 44, United States Code, Public Printing and Documents, Ch 31, Sec 3101; Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. PRINCIPAL PURPOSE: Collection of data on Academy candidates for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admissions to the United States Military. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Academic transcripts may be provided to educational institutions for the purpose of admissions to further educational degree programs. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

### INSTRUCTIONS

The instructions for completing the Employer's Evaluation of Candidate (EEC) should be followed closely to ensure accurate data collection, and to preclude over-collection of information. Instructions for the EEC can be found at <https://candidate.usma.edu/downloads/CY2021/InstructionsForApplicants.pdf>

### CANDIDATE ID NUMBER

C											
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### FIRST NAME

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### M.I.

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### LAST NAME

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### SOCIAL SECURITY NUMBER

				—				—				
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### STATE

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**INSTRUCTIONS FOR THE EMPLOYER/SUPERVISOR:** The above-named individual is applying for admission to the United States Military Academy. Please complete this form as accurately as possible and return it directly to West Point in the envelope provided.

1. I employed the candidate during the following period(s):

From..... To.....  
(Month, Day, Year) (Month, Day, Year)

From..... To.....  
(Month, Day, Year) (Month, Day, Year)

2. Total number of hours worked per week during the following periods:

September-May Mon-Fri.....Sat/Sun.....

June-August Mon-Fri.....Sat/Sun.....

3. Briefly describe the type of work performed by the candidate.

4. Please evaluate the following factors concerning the candidate. Mark only one choice for each item. Rate the items on how well the quality describes the candidate by using the following scale:

**1 - Superior, 2 - Above Average, 3 - Average, 4 - Below Average, 5 - Inferior**

	1	2	3	4	5		1	2	3	4	5
A. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Plans and organizes work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Potential for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Capacity for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



5. REMARKS:

You have the right to request confidentiality as a condition for providing information about this candidate. Otherwise, your identity and remarks may be disclosed at the candidate's request. Do you stipulate confidentiality?  Yes  No

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER
SIGNATURE OF EMPLOYER/SUPERVISOR	DATE

# West Point Admissions

Building 606, West Point, New York 10996 - (845)-938-4041 - admissions@westpoint.edu

OMB No. 0702-0060  
OMB Approval Expiration  
March 31, 2022

## Admissions Interview Form

<b>Candidate Name (Last, First, M.):</b>	<b>Candidate ID #:</b>	<b>Interview Date:</b>
<b>Interviewer Name (Last, First, M.):</b>	<b>Interviewer Email:</b>	
A. Please indicate your status: Field Force Volunteer    MALO    Cadet    Admissions Officer    Other:		
B. How long have you known this candidate?		
C. Do you have any relationship or interactions with this candidate outside of your role as indicated in Item A above? If so, please explain.		
D. Do you wish for your responses and feedback on this candidate to remain confidential? Yes      No		

**Candidate Evaluation:**

- 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) explain in the appropriate remarks section.

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

**The Candidate Demonstrates:**

1. Ability to present a professional appearance.
2. Ability to effectively engage in face-to-face communication.
3. Ability to effectively communicate via telephone, text, email or other electronic means.
4. Potential to serve as a leader of character. (Please provide justification for rating in space provided below).
5. Potential to overcome challenges and adversity. (Please provide justification for rating in space provided below).
6. Propensity for military service. (Please provide justification for rating in space provided below).
7. Please provide any additional information or observations which you feel may assist the admissions committee in evaluating this candidate. If you do not endorse this candidate's application, please explain why.

<b>Do you endorse this candidate's application to USMA?</b> Yes      No	<b>Signature:</b>  <b>Date:</b>
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# West Point Admissions

Building 606, West Point, New York 10996 - (845)-938-4041 - [admissions@westpoint.edu](mailto:admissions@westpoint.edu)

## Admissions Interview Instructions

### Overview:

- The Admissions Interview allows the Admissions Committee to perform an informed evaluation of each candidate's character, resilience, and desire to serve.
- The interview is intended to capture information about the candidate's intangible qualifications which may not be highlighted elsewhere in his or her application.
- Interviewers should focus their conversation and feedback on the candidate's intangible qualities, rather than restating information provided elsewhere in the application (i.e. SAT scores, High School GPA, etc.).

### Instructions:

- Authorized interviewers include: Field Force volunteers, MALOs, USMA Admissions officers, ROTC PMS and SLE cadre.
- Interviews should be conducted in the following format, in order of preference:
  1. Face-to-Face Meeting
  2. Video Teleconference (Skype, Zoom, Facetime, or similar).
  3. Telephonic
- Interviews should be 30-45 minutes, affording enough time to discuss a candidate's relevant experiences, perspective, and goals but not so long as to be an exhaustive discussion of a candidate's life story.
- Parents/Guardians are encouraged to meet the interviewer before the interview, but the interview should be conducted exclusively between the candidate and interviewer without the Parents/Guardians present.

### Candidate Evaluation:

- The candidate evaluation consists of six questions which are intended to evaluate a candidate's:
  - Character
  - Resilience
  - Desire to Serve
- Each question requires an evaluation on a scale of 1-5, such that:

**1=Agree Strongly; 2=Agree; 3=Neither Agree nor Disagree; 4=Disagree; 5=Disagree Strongly**
- Any rating of "4" or "5" must be justified with narrative comments, as they will trigger increased scrutiny from the Admissions Committee.
- Questions 1-3 should provide feedback on the interviewer's interactions with a candidate before, during, and after the interview takes place. Any comments or concerns for Questions 1-3 can be provided in the space for Question 7.
- Questions 4-6 provide the interviewer freedom to tailor their questions and discussion to the candidate and the natural flow of the conversation. The following are example questions, but interviewers can customize their questions to each candidate.
  4. Potential to serve as a leader of character.
    - Tell me about a time you faced an ethical dilemma. How did you respond? Would you make the same choice again?
    - Have you ever been faced with choosing a "harder right" over an "easier wrong"? How do you feel you responded to this situation?
    - Tell me about a time you made a mistake. What were your actions when you realized your mistake?
    - Have you ever encountered someone in your life doing something unethical? How did you handle the situation?
  5. Potential to overcome challenges and adversity.
    - Describe a time when you failed. What did you learn from this experience?
    - What has been a deeply challenging experience for you? What did you feel was most critical to you overcoming this challenge?
    - Tell me about a time when your actions made a difference in a challenging situation.
    - What do you consider to be the most important character traits in a teammate when completing a challenging task?
  6. Propensity for military service.
    - How does West Point fit into your long term goals?
    - What interests you about serving in the Army versus other career options (military or otherwise)?
    - Are you applying to other Service Academies or ROTC programs? If so, where does USMA rank in your preferences?
    - What branch are you most interested in and why?
- Question 7 provides the interviewer space to summarize their opinion of the candidate and/or detail any aspect of the candidate that does not logically match other areas of the interview form.
- **Interviewers MUST choose "Yes" or "No" to indicate their endorsement of the candidate.** This response should be congruent with the ratings provided to Questions 1-6 (i.e. If the interviewer rates the candidate "5" for all questions, it would be illogical for the interviewer to also endorse the candidate's application).
- **If an interviewer does not endorse a candidate's application, the interviewer must provide a narrative justification in response to Question 7.**

**Submit interview forms to [admissions@westpoint.edu](mailto:admissions@westpoint.edu)**