

CONGRESSMAN JARED POLIS

SECOND CONGRESSIONAL DISTRICT OF COLORADO

United States Military Service Academy 2011 Candidate Nomination Application

Personal Information- Part 1

Name (first, middle, last)	Social Security Number	Date of Birth (mm/dd/yyyy)	
Official Mailing address	City/Town	State	Zip (with 4-digit ext)

Certification of Accuracy and Understanding-Part 1

By signing below, I request that Congressman Jared Polis consider my application for a Congressional Nomination to a U.S. Military Service Academy that I have listed. I understand that I am applying for a Congressional Nomination and that the Military Service Academy will make the actual appointment. I further understand it is my responsibility to learn and complete the Military Service Academy application process, including the Medical Entrance exam.

I hereby certify that I am a legal resident of the Second Congressional District of the State of Colorado and meet all of the eligibility requirements as stated in the information guide and application provided by the office of Congressman Jared Polis. I further affirm that I have never been convicted or arrested for violating a state or federal statute.

I understand that the deadline for this application is October 7, 2011. It is my responsibility to ensure that all parts of my application have been received by Congressman Polis's office, and if I have not submitted all of the requested information by the due date, I understand that my application will not be considered.

I, the undersigned, certify that all information contained in this application is correct to the best of my ability. Furthermore, I certify that Congressman Polis and his staff have permission to take any photographs at an event pertaining to my Service Academy nomination request (at an informational meeting, selection ceremony, etc.), and that my personal information provided within this application, including my personal photograph, will be shared only with individuals assisting in the nomination process, including Congressman Polis, his staff, and his Service Academy panelists.

Applicant Signature

Date

For applicants under 18 years of age as of the date signed, a parent or guardian must also sign below:

I approve of this application and certify that all information provided by my child or ward is accurate. I have read the information listed under the "Certification of Accuracy and Understanding," listed above, and I approve of all information contained therein. I understand that if my child or ward is nominated to a Military Service Academy, an announcement to the news media may be made by Congressman Jared Polis's office.

Parent/Guardian Name and Signature

Date

Optional Demographic Questions-Part 1

We ask these optional questions to help ensure that we are attracting candidates of diverse perspectives and backgrounds. Your response is optional and will not affect your nomination in any way.

<p>Race/Ethnic Identification</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Caucasian</p> <p><input type="radio"/> Other</p>	<p>Gender</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>
<p>Family Income</p> <p><input type="radio"/> <\$25K</p> <p><input type="radio"/> \$25K-74.9K</p> <p><input type="radio"/> \$75K-124.9K</p> <p><input type="radio"/> \$125K-174.9K</p> <p><input type="radio"/> >\$175K</p>	<p>Secondary (fluent) language, please mark all that apply</p> <p><input type="radio"/> Arabic</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Farsi</p> <p><input type="radio"/> French</p> <p><input type="radio"/> Russian</p> <p><input type="radio"/> Spanish</p> <p><input type="radio"/> Vietnamese</p> <p>Other _____</p>
<p>First generation attending college?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>From single parent family?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Any military family background?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	

If you wish to be completely anonymous, you can mail this form without a return address to:

U.S. Representative Jared Polis
 Gina Salazar, Deputy District Director
 1200 East 78th Avenue, Suite #105 Thornton, CO 80229

References-Part 3

Please list the names and addresses of the three adults from whom you are requesting a recommendation. One of these letters must be from a counselor, teacher or principal, and none may be from a family member.

Your references can give you their recommendation letter for inclusion with your final application, or you can request that they mail it directly to Congressman Polis' office. Indicate on the form below which option you have selected for each recommendation. Either way, it is your responsibility to ensure that the letters are received by the October 7, 2011 deadline.

In addition to the recommendation letter itself, advise each of your references to fill out and submit the "Academy Nomination Reference Form" found on the following page.

Reference 1:

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO APPLICANT
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STREET ADDRESS	CITY/TOWN	STATE	ZIP
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Is this person's recommendation letter and reference form included with your application? _____

If not, will it be mailed separately? _____

Reference 2:

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO APPLICANT
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STREET ADDRESS	CITY/TOWN	STATE	ZIP
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Is this person's recommendation letter and reference form included with your application? _____

If not, will it be mailed separately? _____

Reference 3:

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO APPLICANT
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STREET ADDRESS	CITY/TOWN	STATE	ZIP
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Is this person's recommendation letter and reference form included with your application? _____

If not, will it be mailed separately? _____