



Congressman Bradley S. Schneider

MILITARY ACADEMY NOMINATION AUTHORIZATION FORM

By signing below, I request that Congressman Brad Schneider 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 and Physical Fitness Assessment.

I hereby certify that I am a legal resident of the Tenth Congressional District of the State of Illinois and meet all the eligibility requirements as stated in the information guide and application provided by the office of Congressman Brad Schneider. 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 31, 2024. It is my responsibility to ensure that all parts of my application have been received by Congressman Schneider's office, and if I have not submitted all the requested information by October 31, 2024, 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 Schneider 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 Schneider, his staff, and his Service Academy selection panel.

Applicant Name: _____ Date: _____

Applicant Social Security Number: _____

Applicant Birth Date: _____

Applicant Signature/Parent/Guardian Signature: _____

Date: _____

If you're 18 years of age or older please sign. Parents must sign if the applicant is under 18 years of age.

Please return to:

Rep. Brad Schneider
Attn: Patrice Campbell
111 Barclay Blvd, Suite 200
Lincolnshire, IL 60069
Email: Patrice.Campbell@mail.house.gov
Fax: 847-793-0677