



Congressman Joaquin Castro
Representing the 20th Congressional District of Texas

**Service Academy
Nomination Application Packet**

Packet Checklist and Requirements

Nomination application information for U.S. Service Academy admissions for Fall 2026

*All required information must be mailed or delivered to Congressman Castro's District Office by **6:00 PM** on November 7, 2025*

The Honorable Joaquin Castro
Attn: **Emily Chavez**
727 E Cesar E. Chavez Blvd., Suite B-124
San Antonio, Texas 78206

Checklist:

1. Application Form
2. Official high school transcript with ranking and college transcript (if applicable)
3. Three signed letters of personal recommendation from your teacher, counselor, coach, or clergy. Your letter of recommendation must be from someone who can describe your achievements and skills but must not be from a family member. **Letters will be subject to verification.**
4. A **one-page** essay describing why you would like to attend a Service Academy
5. Resume outlining your extracurricular activities
6. Two recent passport style Photographs.
7. Latest SAT/ACT scores sent directly by the College Board. If you indicate code number **6240** on your SAT test and code number **7701** on your ACT test, the College Board will forward the scores directly to Congressman Castro's office. Please note that copies of your official scores and scores printed on high school transcripts are also acceptable.
8. Media Release Form (**optional**) The release grants permission to share your names in any press-related material upon nomination or appointment to an Academy.

Please submit the entire packet all at once. Once your packet has been reviewed and deemed complete, you will receive written confirmation by E-mail.

To receive a congressional nomination, you must have an open admission file at the academy/academies of your choice prior to submitting your packet to Congressman Castro's office.

You must start an admission file at each academy you are interested in attending. If you have not done so, the websites provided below will guide you through the process of completing the preliminary application online.

U.S. Military Academy (USMA) at West Point

<http://www.westpoint.edu/admissions/SitePages/Home.aspx>

U.S. Air Force Academy (USAFA)

<http://www.academyadmissions.com/>

U.S. Naval Academy (USNA)

<http://www.usna.edu/Admissions/>

U.S. Merchant Marine Academy (USMMA)

<http://www.usmma.edu/admissions>

If you have any questions, please do not hesitate to contact **Ms. Emily Chavez**. She may be reached at (210) 348-8216 or via email at TX20.nominations@mail.house.gov.

Please **print clearly or type** the following information:

I. APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____

SOCIAL SECURITY NUMBER: _____ GENDER: [] MALE [] FEMALE

DATE OF BIRTH: ____//____//____

CURRENT LEGAL ADDRESS:

(STREET NUMBER AND NAME)

(CITY) (STATE) (ZIP CODE) (COUNTY)

MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS)

(STREET NUMBER AND NAME)

(CITY) (STATE) (ZIP CODE) (COUNTY)

HOME TELEPHONE NUMBER: (____) _____-_____ CELL PHONE NUMBER: (____) _____-_____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ PHONE NUMBER: (____) _____-_____

MOTHER'S NAME: _____ PHONE NUMBER: (____) _____-_____

LEGAL GUARDIAN (IF APPLICABLE): _____ PHONE NUMBER: (____) _____-_____

ARE YOU A RESIDENT OF THE 20TH CONGRESSIONAL DISTRICT OF TEXAS? [] YES [] NO

ARE YOU A UNITED STATES CITIZEN? [] YES [] NO

IF YOU ANSWERED "NO:"

WILL YOU BE A UNITED STATES CITIZEN AT THE TIME OF YOUR ENROLLMENT? [] YES [] NO

ETHNICITY (OPTIONAL ONLY FOR STATISTICAL PURPOSES):

- | | |
|---|--|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN (NON-HISPANIC) | <input type="checkbox"/> TWO OR MORE ETHNICITIES |
| <input type="checkbox"/> HISPANIC OR LATINO | <input type="checkbox"/> OTHER |

II. ACADEMY PREFERENCE

PLEASE RANK EACH OF THE ACADEMIES OF YOUR CHOICE IN ORDER OF PREFERENCE FOR ATTENDANCE, WITH 1 BEING YOUR FIRST CHOICE AND 4 BEING YOUR LAST. **RANK ONLY THE ACAMEDIES TO WHICH YOU ARE APPLYING.** YOU MAY LEAVE ONE OR MORE OF THE ACADEMIES BLANK.

USAFA____ USMA (WEST POINT)____ USNA____ USMMA____

ARE YOU SEEKING A NOMINATION FROM ANY OTHER SOURCE: [] YES [] NO

VICE PRESIDENT_____ SEN. CRUZ_____ SEN. CORNYN_____ OTHER_____

HAVE YOU BEEN CONTACTED DIRECTLY BY AN ACADEMY? [] YES [] NO

IF YOU ANSWERED "YES," WHICH ACADEMY? _____

NAME OF CONTACT PERSON: _____

HAVE YOU EVER SERVED IN THE MILITARY IN ANY CAPACITY? [] YES [] NO

IF YOU ANSWERED "YES," WHAT IS THE HIGHEST RANK YOU HELD? -

HAS EITHER PARENT SERVED IN THE MILITARY? [] YES [] NO

IF YOU ANSWERED "YES," STATE BRANCH OF SERVICE AND RANK:

HAVE YOU ATTENDED AN ACADEMY SUMMER SEMINAR? [] YES [] NO

IF YOU ANSWERED "YES," WHICH ACADEMY LEADERSHIP SEMINAR(S) DID YOU ATTEND?

ARE YOU CURRENTLY PARTICIPATING IN ANY OF THE FOLLOWING?

JROTC_____ BOY SCOUTS/EAGLE SCOUTS/GOLD AWARD_____ MISSION FIELD_____

CIVIL AIR PATROL_____ NATIONAL HONOR SOCIETY_____ ACADEMY PREPARATORY SCHOOL_____

III. ACADEMIC QUALIFICATIONS

HIGH SCHOOL: _____

(SCHOOL ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

(____)_____-_____
(SCHOOL PHONE NUMBER)

(COUNSELOR'S NAME)

EXPECTED DATE OF GRADUATION: _____ / _____ / _____

HIGH SCHOOL GPA: _____

PLEASE HAVE YOUR COUNSELOR CONVERT THIS TO THE 4.0 SCALE

HIGH SCHOOL CLASS RANK _____ OUT OF _____ CLASS SIZE

SAT SCORES: READING _____ MATH _____ WRITING _____ COMPOSITE _____

ACT SCORES: ENGLISH _____ MATH _____ READING _____ SCIENCE _____ COMPOSITE _____

ARE YOU SCHEDULED TO RE-TAKE ANY OF YOUR TESTS?

[] YES

[] NO

IF YOU ANSWERED "YES," WHEN: _____

IV: ESSAY

IN A ONE PAGE ESSAY, EXPLAIN WHY YOU WANT TO ATTEND A SERVICE ACADEMY.


V: PRIVACY STATEMENT

I HAVE READ THE PRIVACY ACT STATEMENT. THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ADDITION TO THIS APPLICATION, I AM ALSO REQUIRED TO SUBMIT ALL OF THE ITEMS ON THE APPLICATION CHECK-LIST. I FURTHER UNDERSTAND THAT REPRESENTATIVE CASTRO'S DISTRICT OFFICE MUST BE IN RECEIPT OF ALL APPLICATION MATERIALS NO LATER THAN **6:00 PM ON NOVEMBER 7, 2025**.

SIGNATURE: _____

DATE: _____

JOAQUIN CASTRO



CONGRESSMAN FOR THE 20TH DISTRICT OF TEXAS

**MEDIA RELEASE FORM
(Optional)**

I, _____ hereby authorize Congressman Joaquin Castro, U.S. Representative for the 20th Congressional District of Texas (the "Member"), to use for any purposes relating to the official duties of the Member, including for the purpose of creating testimonials for the Member's official website, social media accounts, and any digital or physical materials: the voice, portrait, picture, color or black and white photograph, audiovisual or other reproductions of me and my minor child or dependent (collectively, "Image") and/or correspondence or statements (collectively, "Statements") by me to the Member and/or his congressional staff either concerning casework or official events where I and/or my minor child or dependent participate, or other services performed my behalf (or on behalf of my minor child or dependent) by the Member and/or his congressional staff.

I understand that the Member may use the aforementioned Image and/or Statements, in whole or in part, in media or other technologies for worldwide distribution, and I grant my authorization for such use. I also understand that the Member is under no obligation to use the Image and/or Statements for any purpose, and that I shall receive no compensation for the use of the Image and/or Statements by the Member. I hereby release and hold harmless the Member, the U.S. House of Representatives, their employees and agents, and the United States from any and all liability for any and all claims arising out of or relating to the use of the Image and/or Statements by the Member. I have read and understand the terms listed above.

Name: _____

Address: _____

City/Town: _____

Zip Code: _____

Phone: _____

Signature: _____

Date:

Name of minor child and/or dependent (if applicable): _____

Office of Congressman Joaquin Castro

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Suite B-128 Washington, DC
San Antonio, TX 78206 20515
Phone 210-348-8216 Phone 202-225-3236