

Service Academy Application

Applicant Inf	ormation					
Name						
Address						
Home Phone			Cell Phone			
Email						
Date of Birth		Place of Birth		Age	Gender	
Are you a U.S.	Citizen?					
Parent/Guardian Information						
Name						
Address						
Education Information						
Name of High School						
Class Rank		Current GPA		Graduation Date		
ACT Scores:	Composite	English	Math	Science	Reading	
SAT Scores:	Composite	Writing	Math	Critical Reading		

Media Release

Name of Hometown Newspaper

May we use your name in a press release after receiving a nomination or appointment?

Academy Preference

If you are seeking an Academy nomination through another office, please list the office(s) below:

Academy Preference (Continue	ed)				
Please list in order by preference the Academies you are interested in:					
Where did you hear about applying for a Service Academy Nomination?					
School Parent	Academy Day Event	Other			
Certify					
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I certify that the information contained within this form is correct and accurate to the best of my knowledge. I understand an appointment to the Service Academies is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote him/herself to a military career. By my signature below, I am stating that I am interested in a Service Academy appointment on that basis.

X_____

Date: _____