

APPLICATION FOR NOMINATION TO SERVICE ACADEMY

Name *(first, middle, last)* _____

Home Address *(street)* _____

Town & Zip Code _____ County _____

Mailing Address *(if different from above)* _____

E-mail Address _____

Home phone _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Parents' or Guardians' Names _____

High School _____ Phone _____

Address of High School _____

Date of Graduation from High School _____

GPA: _____ Rank in Class: _____ in a class of _____ students.

List in order of preference ***only those academies to which you are applying*** (leave others blank):

____ Air Force ____ Army ____ Navy ____ Merchant Marine

Are you seeking a nomination from another source, and if so, which source(s)? _____

Test Scores: SAT R&W _____ M _____ Date taken _____

SAT R&W _____ M _____ Date taken _____

ACT E _____ M _____ R _____ S _____ Date taken _____

Home of Record (for military dependents only) _____

REFERENCES:

Please list the names and addresses of three people who will be writing a reference for you. One of these must be from a principal, dean, teacher or guidance counselor at your high school or college. You are responsible for having the references submitted to me, or your file cannot be considered.

a. _____

b. _____

c. _____

This application should be completed and returned by October 30th to:

Congresswoman Chellie Pingree
2 Portland Fish Pier, Suite 304, Portland, Maine 04101
Attn: Dorian Cole
Dorian.Cole@mail.house.gov