Congressional Academy Nomination - Student Information Form

Last Name: _____ First Name_____

Home Phone:_____ Cell: _____

Student's Email Address:_____

Birthdate: ___/___/_____ SSN: _____-____-_____

Residence Address:

_____

_____

_____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

High School: _____ Graduation Year:_____

College Prep School (if applicable):_____

School Counselor: _____ Phone: _____

Academy Preference: (Air Force/Naval/Military/Merchant Marine) *

1st: _____ 2nd: _____

3rd: _____ 4th: _____

Intended Major: _____

Competition for the Academy openings is very intense, and it is impossible for all those who wish to attend to do so. We highly recommend that candidates consider alternate plans. Final appointments are made solely by the Academies; Congressional Nominations do not guarantee appointments.