# U.S. SENATOR RUSS FEINGOLD
## 2006 APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMIES

**NAME** (INC MIDDLE INITIAL): _____

**PERMANENT ADDRESS:** _____

**CITY:** _____ **ZIP:** _____

**YOUR CONGRESSIONAL DISTRICT:** _____ **COUNTY:** _____

**DATE OF BIRTH:** _____ **SOC SEC #:** _____

**Email (optional):** _____ **PHONE #:** ( )_____

**PARENT'S DAYTIME #:** ( )_____

**TEMPORARY ADDRESS (IF APPLICABLE):**
**ADDRESS 1:** _____

**ADDRESS 2:** _____

**CITY:** _____ **STATE:** _____ **ZIP:** _____

I wish to apply for Senator Feingold's nomination to the following academies: (**Numerically** rank academies in order of preference. Do not rank an academy unless you wish to attend and will accept an offer of appointment.)

( ) UNITED STATES AIR FORCE ACADEMY (COLORADO SPRINGS, CO)

( ) UNITED STATES MILITARY ACADEMY (WEST POINT, NY)

( ) UNITED STATES NAVAL ACADEMY (ANNAPOLIS, MD)

( ) UNITED STATES MERCHANT MARINE ACADEMY (KINGS POINT, NY)

**NAME OF HIGH SCHOOL:** _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

SCHOOL PHONE: ( ) _____ ADVISOR: _____

CLASS STANDING: #_____ OF _____ (TOTAL) GRADE POINT: _____ on 4.0 scale

_____ weighted

(Remember to include a copy of your official school transcripts for high school and college if applicable. If your school does not rank, please indicate this.)

**(OVER)**

## COLLEGE ENTRANCE EXAMINATION INFORMATION

Please indicate the date you took your exams and whether you plan to retake the tests:

EXAMINATION DATE: _____ REEXAMINATION DATE: _____

SAT SCORES:
VERBAL: _____

MATH: _____

WRITING: _____

TOTAL: _____

ACT SCORES:
ENGLISH: _____

MATH: _____

READING: _____

SCIENCE: _____

WRITING: _____

COMPOSITE: _____

## HEALTH INFORMATION

ARE YOU AWARE OF ANY MEDICAL PROBLEM, PAST OR PRESENT, THAT MAY AFFECT YOUR ABILITY TO ATTEND A SERVICE ACADEMY

EXPLAIN: _____

_____

## CERTIFICATION OF CITIZENSHIP

I do hereby certify that I am a United States citizen and a resident of the State of Wisconsin. I do further certify that I have never been married and that I will not be less than 17 years of age nor more than 23 years of age on July 1st of the year that I hope to enter the Academy of my choice.

SIGNATURE OF APPLICANT: _____

DATE: _____

COMPLETED APPLICATIONS MUST BE RECEIVED BY **OCTOBER 20, 2006**. SEND ALL DOCUMENTATION TO:

SENATOR RUSS FEINGOLD
ATTN: MICHELLE MURRAY
1600 ASPEN COMMONS, RM 100
MIDDLETON, WISCONSIN 53562

IF YOU HAVE QUESTIONS ABOUT THIS APPLICATION, CONTACT MICHELLE MURRAY AT (608) 828-1200.

**NOTE: Please do not send application materials to my Washington, DC office. This will delay the receipt of your application.**