

**NOMINATION APPLICATION TO
UNITED STATES SERVICE ACADEMIES
For the Period
March 19, 2006 to October 13, 2006
(Entry June 2007)**

***United States Senator
Ken Salazar***

PLEASE TYPE (preferred) OR PRINT

PLEASE USE THIS ORIGINAL APPLICATION ONLY

Academy Preferences

(Indicate your preferences with 1st, 2nd, 3rd, 4th choices)

West Point _____ Naval _____ Air Force _____ Merchant Marine _____

Personal Information

Full Name

(Last)

(First)

(Middle)

Permanent Home Address

(Street Address)

(City/Town)

(County)

(Zip)

Telephone Number

(First)

(Next)

Date of Birth (mm/dd/yr)

Soc. Sec. No.

Sex (M / F)

Citizen? (Y / N)

Current Mailing Address

(If different from above)

(Street Address)

(City/Town)

(County)

(Zip)

Medical Information

Have you had asthma or other respiratory ailments? (Y / N) _____

If yes, age at last occurrence. _____

Do you require corrective lenses? (Y / N) _____

**Name(s) of Parent(s) or
Legal Guardian(s)**

(Last)

(First)

(Relationship)

(Last)

(First)

(Relationship)

Academic Information

High School

_____ (Name)

_____ (Street Address)

_____ (City / Town) (State) (Zip)

_____ (Telephone Number) _____ (Counselor)

Graduation Year _____ Grade Point Average _____

Class Standing _____ No. of Students in Class _____

ACT Scores: Math _____ Eng _____ Reading _____ Science Reasoning _____ Date last taken _____

SAT Scores: Math _____ Verbal _____ Writing _____ Date last taken _____

College

_____ (Name)

_____ (Address)

_____ (City / Town) (State) (Zip)

Dates of Attendance: From _____ To _____
(mm/yr) (mm/yr)

School and Community Activities

Briefly describe your involvement in school and community activities in the listed categories. Include information relative to offices held, awards and honors received. Show also years of involvement in each activity. **Only one page in addition to this form concerning activities, awards, etc. will be considered in the evaluation process.**

INTERSCHOLASTIC SPORTS:

SCHOOL AND CLASS OFFICES HELD:

BAND, DRAMATICS, CHORALE:

SCHOLASTIC ACTIVITIES, AWARDS and HONORS:

OTHER ACTIVITIES YOU CONSIDER IMPORTANT, Including job, volunteer/community activities, etc.

References

Give names and addresses of three adults whom you will request to complete the enclosed Evaluation Forms. (At least one of these must be from a counselor, teacher or principal).

1. _____
(Last) (First)

(Street Address) (City / Town) (State) (Zip)

2. _____
(Last) (First)

(Street Address) (City / Town) (State) (Zip)

3. _____
(Last) (First)

(Street Address) (City / Town) (State) (Zip)

**RETURN THIS APPLICATION TO: Senator Ken Salazar
2300 15th Street
Suite 450
Denver, CO 80202
ATTN: Nominations Coordinator
303-455-7600**

Remember: The deadline is Oct. 13, 2006 to have your completed package in the office! Late applications will not be considered.