U.S. REPRESENTATIVE SAM FARR

CONGRESSIONAL NOMINATION APPLICATION

PREFERENCE (Please rank choices from highest to lowest):

____ Air Force / ____ Annapolis / ____ West Point / ____ Merchant Marine /

FULL NAME: _____

(Last, First, Middle)

LEGAL RESIDENCE: _____

(Street/P.O. Box, City, ZIP Code)

MAILING ADDRESS: _____

(If different from above)

TELEPHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Name of Parents or Guardian: _____

High School Attended: _____ GPA: _____

Rank in Class/Total Class Size: _____ (20th of 200, 4th of 25, etc.)

College Attended: _____ (if any)

Extracurricular Activities: (Include athletics, hobbies, offices held, etc.)

Please indicate any condition requiring medical attention:

Are you applying for nomination from another source? If so, who?

Any questions? Please contact my Santa Cruz office at 831-429-1976.