STOUSE States	ongressman Bart Service Acade Application	emy
Full name Permanent address (City) Temporary address (If Applicable)	(Street) (State) (Zip) (Street)	 Attach Photo Here
(City)	(State) (Zip)	
Permanent phone		For which academies do you wish
Temporary phone Email address		to interview? (Limit two) Please indicate priority 1 or 2.
Date of bin	-th	Military Academy
Name of p	arents	Naval Academy
	ncorrected Visual Acuity	Air Force Academy

I am pleased to learn of your interest in attending a service academy. I hope you find this application and my nomination process fair and easy to understand. If you have questions regarding this form or any step in your application process, call Sean Gilliland of my staff at (615) 896-1986.

Good luck!

Bart

Name and Address of High School

	(name)		
	(address)		
	(city)	(state) (zip)	
Guidance Counselor		Phone	
			Scores
raduation Date		SAT	ACT
ank in Class		Verbal	Verbal
arade Point Average		Math	Math
Please list all		nd intramural, in which yo	u participated
	ort	Year	
If you are employed,	, how many hours per	week?	

I, the undersigned, declare that the information I have provided on this application is true, correct and complete to the best of my knowledge and belief.

Signature of applicant

Date

APPLICATION DEADLINE: DECEMBER 1, 2008

Along with this application, please submit:

Three (3) letters of recommendation High School and/or College Transcript Copy of ACT and/or SAT scores

Please mail the application to:

Congressman Bart Gordon 305 W. Main Street Murfreesboro, TN 37130