U.S. Congressman Steve Kagen Application for nomination to u.s. service academies

NAME (First, MI, Last):	
STREET ADDRESS:	APT. #:
CITY:	ZIP:
COUNTY:	
	SOC SEC #
HOME PHONE #:	
PARENT'S DAYTIME #: _	
EMAIL ADDRESS (optional)):
ADDRESS 1:	SCHOOL ADDRESS (IF APPLICABLE):
	STATE:ZIP:
	nen Kagen's nomination to the following academies order of preference. Do not rank an academy unles ept an offer of appointment)
() UNITED STATES AIR FO	ORCE ACADEMY (COLORADO SPRINGS, CO)
() UNITED STATES MILIT	CARY ACADEMY (WEST POINT, NY)
() UNITED STATE NAVAL	ACADEMY (ANAPOLIS, MD)
() UNITED STATES MERH	ICANT MARINE ACADEMY (KINGS POINT, NY)

NAME OF HIGH SCHOOL:	
ADDRESS:	
CITY:	ZIP CODE:
SCHOOL PHONE:	ADVISOR:
CLASS STANDING:OF_	GRADE POINT: on a 4.0 scale
	weighted
(Remember to include a copy of your college if applicable. If your school d	r official school transcripts for high school and does not rank, please indicate this.)
SCHOOL ACTIVITIES:	
Please list all scholastic honors, schol	larships, recognitions, and rewards received:
Please list all extracurricular honors,	achievements, and recognitions received:
OTHER ACTIVITIES (include h	nobbies, recreational activities, and special interests):

COLLEGE ENTRANCE EXAMINATION INFORMATION

If you have not already done so, please forward your ACT and/or SAT scores directly to our office.