

APPLICATION FOR ACADEMY NOMINATION CONSIDERATION
FOR the 10th CONGRESSIONAL DISTRICT
By CONGRESSMAN DENNIS J. KUCINICH

Name _____
(Last) (First) (Middle)

Home Address _____

Phone _____

E-mail _____

Names of Parents or Guardians _____

Date of Birth _____ Social Security #: _____

High School _____ Graduation Date _____

Academy Preference: Select academy, and if interested in more than one academy, please rank your academy preferences 1st, 2nd, 3rd, 4th.

___ US Military Academy

___ US Naval Academy

___ US Merchant Marine Academy

___ US Air Force Academy

Student Privacy Act Statement: I request and authorize Congressman Dennis J. Kucinich and or his staff to receive information from schools, academies and proper officials in order to process my application for nomination to a military academy.

Student Signature _____ Date _____

Signature of Parent or Guardian _____

Please send completed application to: Congressman Dennis J. Kucinich
14400 Detroit Ave
Lakewood OH 44107

For additional information please call 216-228-8850