APPLICATION FOR NOMINATION TO SERVICE ACADEMY

Personal Statement of Applicant

nome Addres								
		County						
Mailing Addr	ess (if diffe	erent from ab	ove)					
E-mail Addre	ess							
Home phone				Cell Phone				
Social Security Number				Date of Birth				
Parents' or G	uardians	' Names						
					Phone			
Address of H	igh Scho	ool						
Date of Grade	uation fr	om High	School					
GPA: Rank in Class:				i	in a class ofstudents.			
source(s)?				W		Data talva		
Tost Coorse	$C \wedge T$		11/1			Date taken		
Test Scores:								
Test Scores:	SAT	CR	M	W		Date take	n	
	SAT ACT	CR	M	W R	 S	Date take	n ate taken	
	SAT ACT	CR	M	W R	 S	Date take	n	

This application should be completed and returned by November 1st to:

Attn: Leslie Merrill FAX: (207) 871-0720 leslie.merrill@mail.house.gov