## Complete and return this application form immediately to:

Congressman Steven LaTourette
1 Victoria Place
Room 320
Painesville, Ohio 44077
Attention: Maureen Jeffery

## Please print or type

		Date of Birth
Home Address		
		Zip
	School Phone	
High School	Graduation Date	
Mailing Address of Applicant		
Academy Preference: 1	2	3
	Privacy Act of 1974 S	Statement:
academy of my choice. I hereby	tte, please monitor my consent to the academ my file for the nomin	y process in seeking a nomination to the lies and high school to divulge information nation process.
Student Signature		
		I special interests on a separate sheet.