

## Application for Nomination to the United States Service Academies

**United States Senator Jeanne Shaheen** For Classes Entering Summer, 2013

## Instructions

Please type or print neatly. All application materials must be postmarked <u>NO LATER THAN October 5<sup>th</sup>, 2012</u>. Due to the high volume of applicants, applications submitted or postmarked after the due date will not be accepted. *After completion please return this application, along with all other application materials to:* **Office of Senator Jeanne Shaheen, Attn: Academy Nomination Coordinator, 1589 Elm Street, Floor 3, Manchester, N.H. 03101.** 

Name:	
(As recorded on birth certificate)	
Academy Preference:	
(Please rank the academies to which you will accept a nomination in ord	der of preference, 1-4. If you only have one choice, mark "only.")
United States Air Force Academy	United States Merchant Marine Academy
United States Military Academy	United States Naval Academy
Have you opened an application with the Academy	? 🗌 Yes 🗌 No
(If no, please do so immediately. This will allow my office to track your a	application online.)
Permanent Address:	Current Address (if different):
(Number and Street)	(Number and Street)
(City/State/Zip)	(City/State/Zip)
(Permanent Telephone)	(Current Telephone)
Cell Phone: ()	Email:
Gender : 🗌 Male 🗌 Female	Social Security Number:
Date of Birth:	Place of Birth:
Are you a citizen of the United States?	🗌 Yes 🔲 No
Are you a Legal Resident of New Hampshire? (if you are claiming N.H. residency but do not physically live in the state,	Yes No   , please provide proof of legal N.H. residence)
County of Residence:	State (if not N.H.):

Name of Parents/Legal Guardian(s) (and address if different from applicant's permanent address):

🗌 High School 🗌			
	2 year college	🗌 4 year	r college 🛛 Prep School
Name and Address of High Sch			
Please include the information for a previ	ous school if two or more l	high schools have l	e been attended)
(Name of School)		-	(Name of School)
(Number and Street)		-	(Number and Street)
(City/State/Zip)		-	(City/State/Zip)
(Telephone)		-	(Telephone)
Current GPA:	on a scale of		
Rank in Class:	_ in a class of		My high school does not rank students
Expected Date of Graduation:		of	
	(Month)		(Year)
SAT Scores:			
(Please remember to provide copies of the Date Taken	ese scores with your compl	eted application)	
Critical Reading			
Mathematics			
Writing			
ACT Scores:			
Please remember to provide copies of the	ese scores with your compl	eted application)	
Date Taken	<u> </u>		
Composite			

(Please note that this will not adversely affect your application for a nomination)

## By signing my name below I affirm that all information contained in this application is my own work, complete, factually correct and honestly presented.