

SENATOR DANIEL K. AKAKA
APPLICATION FOR NOMINATION TO THE U.S. SERVICE ACADEMIES

Academy or academies you wish to attend (list in order of preference):

1. _____ 2. _____ 3. _____ 4. _____

NAME (Last, first, middle): _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

BIRTHDATE: _____ **SS#** _____ **MALE** _____ **FEMALE** _____

PERMANENT ADDRESS (Residence address): _____

MAILING ADDRESS (If different from above): _____

TEMPORARY ADDRESS: _____

HIGH SCHOOL: _____ **GRADUATION DATE:** _____

COLLEGE (Name & address, if applicable): _____

PARENTS' NAMES: _____

THE FOLLOWING APPLIES TO HIGH SCHOOL ONLY. INDICATE GRADE(S) (9 - 12) WHERE APPLICABLE. ATTACH AN EXTRA SHEET IF NECESSARY.

ATHLETIC PARTICIPATION: _____

HONORS AND AWARDS: _____

JOB EXPERIENCE (List job title, hours per week and dates): _____

***OTHER CONGRESSIONAL OFFICES APPLIED TO: _____

PLEASE READ BEFORE SIGNING: I have read the Fact Sheet explaining the nominating procedure and am familiar with the requirements. I certify that I am a U.S. citizen and a legal resident of the State of Hawaii. I understand that if all the necessary data have not been received by the NOVEMBER 15 deadline, I will not be eligible for a nomination.

DATE: _____ **SIGNATURE:** _____

Mail this completed form to: Senator Daniel K. Akaka, P.O. Box 50144, Honolulu, Hawaii 96850
(Rev 1/12)