OFFICE OF THE HONORABLE LEONARD L. BOSWELL

APPLICATION FOR NOMINATION TO THE U.S. SERVICE ACADEMIES

Please print or type:

1.) Please rank in order of preference 1-4: 1=highest, 4=lowest

___ Air Force ___ Military (Army) ___ Naval ___ Merchant Marine

2.) Name_____ Date of Birth_____
(Last, First, Middle)

Social Security #_____Telephone #_____

3.) Home Address_____
(street) (city)

_____
(county) (zip code)

Temporary Address_____

4.) High School attended_____Date of Graduation_____

High School phone number_____

5.) College(s) attended_____

6.) Mother's name_____Address_____

_____
(city) (zip code)

Father's name_____Address_____

_____
(city) (zip code)

If not living with parents, give names and relationship of person(s) with whom you are living with:

_____

7.) Please list the names of three people who will submit references on your behalf:

a)_____

b)_____

c)_____

8.) Please attach any additional information you feel would be helpful in considering your application.

9.) Return this application with the other required materials to:

The Honorable Leonard L. Boswell
300 East Locust, Suite 320
Des Moines, Iowa 50309

Signature:_____Date:_____