Application for Service Academy Nomination Office of Congressman Norm Dicks

(Please type or print clearly)

Name [.]					
	(Last)	(First)	(Middle)		
Address:					
	(Street)				
-	(City)	(State)	(Zip)		
> Per	manent Address in	the Sixth Congressional Dis	trict (if different from above):		
Address:					
	(Street)				
	(City)	(State)	(Zip)		
Date of Birth:		Social Security N	Social Security Number:		
Telephone:		Mobile Phone: _	Mobile Phone:		
Email:					
High School:		Year of Graduati	Year of Graduation:		
If graduate	ed, post high schoo	l activities (i.e. college or univers	sity, employer, military branch, etc.):		
Date of int	tended entry into th	e Academy:			
	Pare	nt(s) or guardian(s) inform	ation:		
Parent/Gu	ıardian Name:				
Address:					
Is this par	ent/guardian active	duty or retired military?	Yes / No		
If yes, pro	vide branch of serv	ice, rank, and length of servi	ce:		

Address: Is this parent/guardian active duty or retired military? Yes / No
Is this parent/guardian active duty or retired military? Yes / No
Is this parent/guardian active duty or retired military? Yes / No
If yes, provide branch of service, rank, and length of service:
Are you currently attending a military preparatory school? Yes / No
If yes, which one?
Check the Academy you would like to attend. If you are interested in more than one Academy, please number in order of preference. U.S. Naval Academy, Annapolis, MD U.S. Air Force Academy, Colorado Springs, CO U.S. Military Academy, West Point, NY U.S. Merchant Marine Academy, Kings Point, NY
Scholastic awards and honors:
Athletic activities and awards:

Community service participation:	
Leadership experiences:	
Are you currently employed? If yes, who	at do you do, and what are your responsibilities?
certify that I am a legal resident of the Sixtl	h Congressional District of Washington State.
understand that if my application packet is will not be given final consideration for nor	not postmarked by the October 19 th , 2012 deadline, mination.
SIGNATURE:	DATE: