www.Matheson.House.gov

Jim Matheson

U.S. SERVICE ACADEMY APPLICATION FORM

Toll-Free Number: 1 (877) 677-9743

First Name:	Middle:	Las	st:	
Social Security #:	D	ate of Birth:		
Parents' Names (1)		(2)		
Mailing Address:		City/State	e/Zip:	
Daytime Phone: Ever	ning Phone:	Email:		
Academy(s) to which you are applying	ng: Air Force	Navy	Army	Merchant Marine
Do you have previous military exper	rience: Yes	No		
Is either parent a career military off	icer: Yes	No		
If so state branch, rank, and length	of service:			
List all high schools attended, begin	nning with the most re-	cent (include s	state if outsi	de of Utah):
Name:			,	Years:
Name:			,	Years:
Name:			,	Years:
Cumulative GPA (4.0 scale):	SAT/ACT Score:	Cla	ass Rank (i.e	. 5 out of 100):
High School Counselor:	Со	unselor Phone	e Number:	
Extra Curricular Activities (High Scho	ool only):			
Athletics:				
Service:				
Work Experience (include hours per	week if possible):			
REFERENCES				
Name:	Address:			
Telephone:	Email Address:			
Name:	Address:			
Telephone:	Email Address:			

Page 1 of 2



STATEMENT OF PURPOSE (500 words maximum)

Please explain your reasons for requesting consideration for an academy nomination. Be specific about the academy or academies to which you are applying. Your statement should discuss your unique qualities, experiences, and the contributions you think you would make to the service academy. You may attach as separate document.

A THE RESERVE TO A STATE OF THE PARTY.	
Signature:	Date: