Application Request Form
Ohio 15<sup>th</sup> Congressional District Residents Only \*This form must be submitted by FRIDAY, SEPTEMBER 21, 2018.

Date:			
Dear Congressman Stivers: I am interested in pursuing a nominal an application be e-mailed to me sthe Academy in the summer of 202	o that I may	_	
Name			
Home Address			
City, State, Zip			
CountyH	Home Phone Number		
Email Address (Please list an email that is checked regularly. The appl	ications will	be also sent to th	is email address.)
Date of Birth Social Security Number (Last 4 digits only)			
Name of Father			
Name of Mother			
High School	Graduation Date		
I have requested or intend to requ Service Academy Admissions Office		admissions file be	initiated for me at the following
		<u>Intend to</u>	Not Interested
U.S. Air Force Academy			
U.S. Naval Academy at Annapolis			
U.S. Merchant Marine Academy			
U.S. Military Academy at West Poir	nt 🗆		
I acknowledge that I am a resident	of Ohio's 15	5 <sup>th</sup> Congressional I	District.
Sincerely,			
(Please sign above)			

NOTE: After you have completed this form, please mail it to Congressman Steve Stivers, 104 E. Main Street, Lancaster, Ohio 43130 or fax it to (740) 654-2482. Application packets will be sent via e-mail to the email address listed on this form beginning in May.