



From the Office of
Congressman Michael E. Capuano

7th Congressional District, Massachusetts

APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES

Have you opened a pre-candidate file with the academy (academies)?

No _____ Yes _____ If so, which one(s)? _____

If you have not already opened a file with the academy (academies), mail your candidate card today. We cannot consider your request for a nomination if you fail to open a candidate file.

Please indicate your academy preference: rank 1st, 2nd, 3rd and 4th

Army _____ Air Force _____ Navy _____ Merchant Marine _____

Name (First, Middle, Last): _____

Address: _____

Mailing Address (if different): _____

Phone number: _____ Social Security Number: _____

Father's Name: _____ Mother's name: _____

U.S. Citizen: (Yes)_____ (No)_____

Place of Birth: _____ Date Of Birth: _____

Name of High School: _____

Date of Graduation: _____

College/University (if applicable): _____

Grade Point Average: _____ out of a possible _____

Class Rank of _____ in class of approx. _____

SAT Scores: V _____ M _____ Date(s) Taken: _____

Will you be retaking the SAT in October? _____

An official report must be forwarded with your application documentation.

If you have completed high school, and have not attended a college or university, what have you done since graduation?

Do you have any family members that attend or have graduated from any of the academies? Yes _____ No _____

If yes, please indicate relation and academy.

Are you seeking a nomination from another source? Yes _____ No _____

If yes, from which sources are you seeking other nominations?

In addition to this application, please send the following materials as soon as possible:

- 1) An official transcript of your high school grades.
- 2) A one-page essay describing yourself, your interests, goals and reasons for applying to a United States service academy.
- 3) The names, addresses and phone numbers of three adult references.

I certify that I am a legal resident of the 7th Congressional District of Massachusetts.

APPLICANT'S SIGNATURE _____

DATE _____

Please mail all materials to:

**Office of Congressman Michael E. Capuano
110 First Street
Cambridge, MA 02141**