

Office of Congressman Mark E. Amodei

Military Academy Nomination Application For the Class of 2027

Your Information:					
First Name:	Initial:	Last Name:			
Street Address:					
City:		State:	Zip Co	ode:	
Email Address:					
Telephone Number:					
Gender:					
Parents / Guardians:					
Education Information:					
Name of High School:					
School Address:					
School City:	Schoo	State: School Zip Code:			
GPA Unweighted:	GPA	GPA Weighted:			
Academy Information:					
Number your preference (1 to 4) of academies with 1 being your highest preference:					
U.S. Air Force Academy - Is you	ır application or	n file with USAFA?	<u>Yes</u>	<u>No</u>	
U.S. Merchant Marine Academy	y - Is your appli	cation on file with	uSMMA?	<u>Yes</u>	<u>No</u>
U.S. Military Academy (West Point): - Is your application on file with USMA? Yes No					
U.S. Naval Academy: - Is your application on file with USNA? Yes No					
Signature:		Date: _			