



REQUEST FOR CONGRESSIONAL NOMINATION

Name: _____
(First Name) (Middle Initial) (Last Name)

Home Address: _____
(Street Address)

_____ CA _____
(City) (State) (Zip Code)

Mailing Address (if different): _____
(Street Address)

_____ (City) _____ (State) (Zip Code)

Contacts: _____
(Cell Phone) (Home Phone)

_____ (Email Address)

Date of Birth: _____
(Month) (Day) (Year) (City) (State) (Country)

Race (select all that apply):

- Native American or Alaska Native
- White
- Black/African American
- Native Hawaiian or Pacific Islander
- Asian

Ethnicity: _____ **Preferred Gender:** _____

High School: _____
(Name) (City)

Graduation Date: _____ **High School GPA:** _____
(Month) (Day) (Year)

Approximate Class Seat: _____ **Graduating Class Size:** _____
(Ranking or Percentile)

Current School/College: _____ **Graduation Date:** _____
(Name) (Month) (Year)

Special Skills:

(Examples: training, certification, foreign language proficiency, pilot certified, etc.)

Academy Preference (rank from 1 – 4):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Parent or Guardian 1:

(First Name) (Last Name)

(Phone) (Email)

Parent or Guardian 2:

(First Name) (Last Name)

(Phone) (Email)