



UNITED STATES REPRESENTATIVE  
EMANUEL CLEAVER, II (MO - 05)

APPLICATION FORM FOR CONGRESSIONAL NOMINATION  
UNITED STATES SERVICE ACADEMIES

Please type or print

**ACADEMY PREFERENCE**

Please rank Academies that you have contacted for acceptance by preference (1-4).

\_\_\_\_ U.S. Naval Academy                  \_\_\_\_ U.S. Air Force  
\_\_\_\_ U.S. Military Academy                \_\_\_\_ U.S. Merchant Marine Academy

**CLASS**

Applying for academy class entering the summer of: \_\_\_\_\_

**PERSONAL DATA**

Full Name: \_\_\_\_\_  
                                Last    First    Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    Year                  Month                  Date

Permanent Address: \_\_\_\_\_  
  Street

\_\_\_\_\_  
City    County    State    Zip Code

Mailing Address: \_\_\_\_\_  
  Street

\_\_\_\_\_  
City    County    State    Zip Code

Home Phone with Area Code: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No      Sex: \_\_\_\_ Male \_\_\_\_ Female

**EDUCATION**

High School: \_\_\_\_\_  
Name Phone

Counselor: \_\_\_\_\_  
Name Phone

College (if Applicable): \_\_\_\_\_  
Name Phone

College Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

**Names of Parents/Guardians:**

\_\_\_\_\_  
Name Relation Daytime Phone

\_\_\_\_\_  
Name Relation Daytime Phone

The following is needed to complete your application:

\*RESUME: Please attach a resume with list of honors, awards, clubs, athletics, jobs, volunteer work, and other information you feel is pertinent to your application.

\*ESSAY: On a separate page, briefly state why you want to attend a United States Service Academy.

\*HIGH SCHOOL TRANSCRIPT

\*ACT or SAT SCORES

\*TWO PHOTOS

\*TWO LETTERS OF RECOMENDATION

**SIGNATURE:**

This is to certify that I have read and understand the Academy Fact Sheet provided by Congressman Emanuel Cleaver, II and that the information I am submitting is accurate. I understand that my completed application form must be submitted by October 27, 2008 in order for my application to be given full consideration by the Congressman.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian  
If applicant is under 18 years of age