

Applicant Name: _____

- 7. Are you a United States Citizen? Yes No
- Are you a Legal Resident of Michigan? Yes No
- County of Residence _____ State (if not Michigan) _____

8. Age _____ Height _____ Weight _____ lbs.

- 9. Do you wear glasses? Yes No
- Do you wear contact lenses? Yes No

10. Parents/Guardian Names

11. High School _____

Date of Graduation _____ GPA _____

12. Academy Preference

(Please number in order of preference. If you only have one choice, mark "only"):

_____ U.S. Air Force Academy	_____ U.S. Merchant Marine Academy
_____ U.S. Military Academy	_____ U.S. Naval Academy

13. Activities (i.e. student government, clubs, youth groups etc.):

14. Awards and/or Honors:

Applicant Name: _____

15. Sports:

16. Hobbies:

17. Briefly state your reasons for wanting to attend an Academy:

I affirm that all information contained in this application is accurate:

(Applicant Signature)

**Send completed application to:
Senator Debbie Stabenow • Academy Application •
221 West Lake Lansing Road, Suite 100, East Lansing, MI 48823**

If you have any questions, please contact my mid-Michigan office at (517) 203-1760.