Application Form for Service Academy Nomination

From the office of Congressman David R. Obey 401 5th Street, Suite 406A Wausau, WI 54403

(Please type or print)		
Name:		
Last	First	Middle
Permanent Address:		
Street (Include apartment numb	er if applicable)	
Temporary Address (If applicable	e):	
Between what dates does tempo	rary address apply:_	
Date of Birth:	Social Security Numl	oer:
Telephone Number (Include Area	a Code):	
School:		
Expected Date of High School Gr	aduation:	
Father's Name:	Occupation:_	
Mothers Name:	Occupation:_	
Please number in order of prefer	ence:	
U.S. Air Force Academy:		
U.S. Merchant Marine Academy	y:	
U.S. Military Academy:		
U.S. Naval Academy:		
List Other Senators or Members	of Congress to whor	n you have applied, if any:
Names of persons you have aske	ed to write recomme	ndation:
Signature:	Date:	

Complete and return to my Wausau office at the address listed at the top of the form.

Academy Recommendation Form

From the office of Congressman David R. Obey 401 5th Street, Suite 406A Wausau, WI 54403

(Please type or print)

Name of Applicant:		
Last	First	Middle
How well do you know applicant: Leadership Characteristics:		
Personality Traits:		
Ability to work under pressure:		
Ability to get along with others:		
Participation in school activities:		
Participation in outside activities:		
General Comments:		
Your Name (Please type or print):		
Your Address:		
Street	City/State	Zip Code
Signature:		
Date:		

This form is provided for your convenience. If you wish to write a letter, you may do so. Please send this form or a letter to my Wausau office at the address listed on the top of this form.

Academy Recommendation Form

From the office of Congressman David R. Obey 401 5th Street, Suite 406A Wausau, WI 54403

(Please type or print)

Name of Applicant:		
Last	First	Middle
How well do you know applicant: Leadership Characteristics:		
Personality Traits:		
Ability to work under pressure:		
Ability to get along with others:		
Participation in school activities:		
Participation in outside activities:		
General Comments:		
Your Name (Please type or print):		
Your Address:		
Street	City/State	Zip Code
Signature:		
Date:		

This form is provided for your convenience. If you wish to write a letter, you may do so. Please send this form or a letter to my Wausau office at the address listed on the top of this form.

Principal or Guidance Counselor Recommendation Form

From the office of Congressman David R. Obey 401 5th Street, Suite 406A Wausau, WI 54403

(Please type or print)

Name of Applicant:					
Last		First	Middle	Middle	
Address o	of Applicant:				
Street					
City	State	ZipCode	County		
School In	formation:				
Name of S	chool	S	Street		
City	State	Zip Code	County		
Applicant's	s expected date of	Graduation:			
	ass:				
Leadersnip	Characteristics:				
Personality	/ Traits:				
Ability to v	vork under pressur	e:			
Participation	on in school activiti	es:			
Outside ac	tivities:				
General Co	omments:				
			-		
			-		

Name (Please type or print):		<u></u>
Address:		
Street	City/State	Zip Code
Signature:		
Title:		
Date:		

Please send this form and a transcript of the applicant's grades to my Wausau office at the address listed on the top of the form.