

ACADEMY CANDIDATE INFORMATION SHEET (Please Type or Print Legibly)

Academy:		Pref. Order No.:
		han one academy, please submit one information sheet for each acad
Please indicate the order of prefere	nce for each	academy. Photocopies are acceptable.)
Other Sources of Academy	Nominati	ions Pursued:
(i.e. Presidential, Senatorial, etc.)		
DEDCONAI		
PERSONAL Full Name		Preferred Name
run mame		Treerreu wante
Date Of Birth		Social Security No
		<u> </u>
American Citizen: Yes	No	
		rd
Permanent Address: (must	be within	the 3 rd District of North Carolina)
Street Address		
Street Address		
City	Zip	County
Temporary Address:	Dates	at this Address
		
High School		Graduation Year
ingi benooi		Graduation Teal
Геlephone()		School Telephone ()
()		
Email Address:		
Parents' Names		
(if different from your own)		

Hometown Newspaper
MEDICAL NO. 100 TO THE PROPERTY OF THE PROPERT
1. Is your eyesight 20/20 <u>Uncorrected?</u> YesNo
2. If not, what is your visual acuity uncorrected? Right Eye Left Eye
3. Do your eyes correct to 20/20 with contacts or glasses? Yes No
4. Do you anticipate any other medical problems? YESNO
If yes, state nature
ACADEMIC
1. Class Standing: in a class of
2. Grade Point Average (GPA) weighted unweighted
3. SAT Scores: MathVerbal Writing
4. ACT Scores: MathVerbal Total
5. Please attach a copy of your most recent transcript and photograph.
6. Please list awards and honors received:
EXTRACURRICULAR ACTIVITIES Please indicate involvement and explain when necessary
() Class Officer or Student Body Officer
() Varsity Athletics(Indicate if letter received.)
() JROTC() CAP
() Intramural Athletics
() School Clubs

() Youth Service Groups
() Boy/Girl Scouts
() Work History
() Other
Other Information You Wish To Be Considered:
Three Personal References (Please submit letters.)
Use additional paper if necessary.
Please return no later than October 31, 2008 to:

Congressman Walter B. Jones Attn: Deborah Marm 1105-C Corporate Drive Greenville, North Carolina 27858