## 28<sup>TH</sup> CONGRESSIONAL DISTRICT OF NEW YORK APPLICATION FOR NOMINATION TO THE UNITED STATES SERVICE ACADEMIES

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Return this form, along with two letters of recommendation from persons to whom you are not related and your high school transcript, to:

Congresswoman Louise Slaughter 3120 Federal Building 100 State Street Rochester, New York 14614

RETURN THIS FORM F	8Y*****	PLEASE TYPE O	PLEASE TYPE OR PRINT NEATLY			
NUMERICAL ORDER OF ACADEMY PREFERENCE:						
Air Force	Merchant Marine	Military	Navy			
	PERSONAL INFO	ORMATION:				
Mr. ( ) Ms. ( )						
Social Security Number		_ Telephone				
Home Address						
Mailing Address						
Email Address						
Date of Birth	Place of B	irth				
Siblings' Names						
Parents' Names						
High School						
Year of Graduation						
CAT Coores: Verbal	1	/oth	_			

## PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES

Please use the back of this sheet if more space is required.				
Please Indicate Achievements, Positions Held, Awards, Etc:				
Participation i	n Athletics:			
Sport	Position	Yrs. Varsity/Intramural	Awards	
Special Interes	sts, Activities or Hobbie	es:		
Employment l	History, Beginning with	the Most Current:		

Have you an	ny family members who attended	a Service Academy?
Yes	No	
If so,	, please state who, which Acader	ny, and year graduated:
Have you ev	ver been considered for or applied	d for an Academy nomination?
Yes	No	
(1)	If so, to which academy?	
(2)	What was the result?	
Please answe	er this question as candidly as po	ossible:
-	u were to be offered a Service A mind, that you would accept it?	cademy Nomination, how certain are you, in your
		ns for seeking this appointment. Please use this you feel is pertinent and helpful to your application.
DAT	<u></u> `E	SIGNATURE