



Mel *Mel Martinez*
Martinez
U.S. SENATOR, FLORIDA

315 East Robinson Street
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Orlando, Florida 32801
(407) 254-2573
(866) 630-7106 Toll-free in FL

**Please Attach
3" Photo Here
(Do not use glue)**

PLEASE TYPE OR PRINT LEGIBLY

Full Legal Name: _____
(Last) (First) (Middle)

Permanent: _____ **Phone:** (____) ____ - ____
Address (Street Address)

_____ **Cell**
Phone: (____) ____ - ____
(City) (State) (Zip)

FL County: _____ **Congressional District:** _____

Temporary: _____
Address (Street Address)

_____ **Temp Phone:** (____) ____ - ____
(City) (State) (Zip)

Email address: _____

Place of Birth: _____ **Date of Birth:** _____

Are you a legal resident of Florida? ____ Yes ____ No

Are you a U.S. Citizen? ____ Yes ____ No **SS #:** _____ - _____ - _____

Height: _____ **Weight:** _____

Name of Parent(s)/Guardian(s): _____

Daytime Phone(s) of Parent(s)/Guardian(s): _____

For Office Use Only: InterTrac number _____

ACADEMY PREFERENCE

Academy of Choice (*check one only*):

____ U.S. Air Force Academy

____ U.S. Military Academy

____ U.S. Naval Academy

____ U.S. Merchant Marine Academy

Please note that graduation from a service academy obligates you to five years of active duty service.

I am also seeking the following nominations:

____ President ____ Vice-President ____ Senator Nelson ____ Representative _____ (Name)

ACADEMIC INFORMATION

Name of High School: _____ **Date of Graduation:** _____

Principal: _____ **School Phone:** (____)____-_____

Counselor: _____ **School Phone:** (____)____-_____

College or Prep School Attended (if applicable): _____

G.P.A. (unweighted): _____ **Class Rank:** ____ of ____ (Top __%)

Honors classes: Y / N **AP class:** Y / N **IB program:** Y / N

SAT Scores: Verbal _____ **Math** _____ **Date taken:** _____

ACT Scores: Verbal _____ **Math** _____ **Date taken:** _____

**** Qualifying scores must be met by postmark deadline ****

I plan to take/retake the SAT/ACT on _____

EXTRACURRICULAR ACTIVITIES AND HONORS

Athletics	Highest Level Played (Varsity, JV, Club)
Baseball	_____
Basketball	_____
Cheerleading	_____
Crew	_____
Cross Country	_____
Fencing	_____
Field Hockey	_____
Football	_____
Golf	_____
Gymnastics	_____
Lacrosse	_____
Soccer	_____
Softball	_____
Swimming	_____
Tennis	_____
Track	_____
Volleyball	_____
Water Polo	_____
Weightlifting	_____
Wrestling	_____
Other (please list)	_____

Please check all applicable activities. You are also encouraged to include a list of honors and awards or any other information you feel is pertinent to your application.

<input type="checkbox"/> Boys'/Girls' State or Nation	<input type="checkbox"/> School Newspaper/Yearbook
<input type="checkbox"/> Eagle Scout/Girl Scout Gold Award	<input type="checkbox"/> Jr. ROTC/Officer
<input type="checkbox"/> Boy Scout/Girl Scout	<input type="checkbox"/> Debate Club
<input type="checkbox"/> Key/Interact Club	<input type="checkbox"/> Language Club
<input type="checkbox"/> National Honor Society	<input type="checkbox"/> Hours Worked per Week (After school)
<input type="checkbox"/> President or Officer of Class or Student Council	<input type="checkbox"/> Hours Worked per Week (Summer)
<input type="checkbox"/> President or Officer of Student Club	<input type="checkbox"/> Academy Summer Seminar (US____)
<input type="checkbox"/> Academic Honors Club	<input type="checkbox"/> Church Membership/Activities
<input type="checkbox"/> School Band/Chorus	<input type="checkbox"/> Civic Organizations _____
	<input type="checkbox"/> Civil Air Patrol or Navy Sea Cadets

Please Read Carefully Before Signing

I have read the information contained in this packet explaining the nomination procedures of Senator Martinez. I understand the Senator's requirements, including the requirement of a personal interview on November 7, 2008. I am also aware of the postmark deadline of September 30, 2008. I certify that I am a legal resident of the state of Florida and there is no known reason I should not be medically qualified to receive an appointment to a service academy, if nominated.

(Signature)

(Date)

In signing this form, you are stating that you understand the nomination requirements for the Office of U.S. Senator Mel Martinez and that you will abide by these requirements.