

MILITARY SERVICE ACADEMY QUESTIONNAIRE

NAME:

(Last)

(First)

(Middle)

PERMANENT ADDRESS:

(Number and Street)

(City/Town)

(County)

(State/Zip Code)

TEMPORARY ADDRESS:

(Number and Street)

(City/Town)

(County)

(State/Zip Code)

AREA CODE AND HOME TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME OF PARENTS:

NAME AND ADDRESS OF HIGH SCHOOL:

NAME OF PRINCIPAL:

SCHOOL TELEPHONE NUMBER:

GRADUATION DATE:

INDICATE IN ORDER PREFERENCE:

- U.S. MILITARY ACADEMY
- U.S. AIR FORCE ACADEMY
- U.S. NAVAL ACADEMY
- U.S. MERCHANT MARINE ACADEMY

WHICH OTHER SENATOR OR CONGRESSMAN HAVE YOU APPLIED TO FOR NOMINATION, IF ANY?

EXTRACURRICULAR ACTIVITIES AND EMPLOYMENT:

PLEASE ATTACH RECENT PHOTOGRAPH:

RETURN TO: Maria DeCoste
Congressman Jim McGovern
218 South Main St., Room 204
Fall River, MA 02721

Date:

Signature: