



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

315 East Robinson Street  
Landmark Center One, Suite 475  
Orlando, Florida 32801  
(407) 254-2573  
(866) 630-7106 Toll-free in FL

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PLEASE TYPE OR PRINT LEGIBLY

**Full Legal Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Permanent:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Address** (Street Address)

\_\_\_\_\_  
(City) (State) (Zip) **Cell**  
**Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**FL County:** \_\_\_\_\_ **Congressional District:** \_\_\_\_\_

**Temporary:** \_\_\_\_\_  
**Address** (Street Address)

\_\_\_\_\_  
(City) (State) (Zip) **Temp Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**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. Naval Academy

\_\_\_\_ U.S. Military 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 (not to exceed three pages) you feel is pertinent to your application.

<input type="checkbox"/> Boys'/Girls' State or Nation <input type="checkbox"/> Eagle Scout/Girl Scout Gold Award <input type="checkbox"/> Boy Scout/Girl Scout <input type="checkbox"/> Key/Interact Club <input type="checkbox"/> National Honor Society <input type="checkbox"/> President/Officer of Class or Student Council <input type="checkbox"/> President or Officer of Student Club <input type="checkbox"/> Academic Honors Club <input type="checkbox"/> School Band/Chorus	<input type="checkbox"/> School Newspaper/Yearbook <input type="checkbox"/> Jr. ROTC/Officer <input type="checkbox"/> Debate Club <input type="checkbox"/> Language Club <input type="checkbox"/> # of Hours Worked per Week (After school) <input type="checkbox"/> # of Hours Worked per Week (Summer) <input type="checkbox"/> Academy Summer Seminar (US____) <input type="checkbox"/> Church Membership/Activities <input type="checkbox"/> Civic Organizations _____ <input type="checkbox"/> Civil Air Patrol or Navy Sea Cadets
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**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 6, 2009. I am also aware of the postmark deadline of September 30, 2009. 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.**