





*Applicant Name:* \_\_\_\_\_

15. Sports:

16. Hobbies:

17. Briefly state your reasons for wanting to attend an Academy:

I affirm that all information contained in this application is accurate:

\_\_\_\_\_  
*(Applicant Signature)*

**Send completed application to:  
Senator Debbie Stabenow • Academy Application •  
221 W. Lake Lansing Rd, Suite 100 • East Lansing, MI 48823**

*If you have any questions, please contact my office at (517) 203-1760.*