

Representative Hinchey Online Academy Nomination Application Form

Please use the following form to apply for a Military Academy Nomination.

Fields marked with an * (asterisk) are required.

Indicate Academy and/or Preference

Indicate the Academy you would like a nomination for *

Note: You may select a first and second choice

Air Force _____

Military _____

Naval _____

Merchant Marine _____

Information of Applicant (must have legal residence within 22nd Congressional District)

Prefix : * _____ (ex. Mr. or Ms.)

Full Legal Name : * _____

Common Name Used (Nickname) : _____

Date of Birth : * ____ / ____ / ____

Street Address : * _____

City : * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

County and Township : * _____

Phone Number: * (____) _____ - _____

E-mail Address: _____

First Parent or Guardian Information

Parent or Guardian Relationship : * _____ (Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name : * _____

Street Address : * _____

City : * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

Occupation : * _____

Where Employed : * _____

Phone Number: * (____) _____ - _____

Second Parent or Guardian Information

Parent or Guardian Relationship : * _____ (Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name : * _____

Street Address : * _____

City : * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

Occupation : * _____

Where Employed : * _____

Phone Number: * (_____) _____ - _____

Education Information

High School: * _____

Counselor's Name: * _____

Street Address : * _____

City : * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

Phone Number: * (_____) _____ - _____

Expected Date of Graduation: * _____ / _____ / _____

College currently attending (if applicable): _____

