

Congressman Robert L. Turner (NY-09)

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Military Academy Nominations

Deadline: October 31, 2012

Please complete this form, then print and sign. You can fax or mail the form, along with other required documents, to either of our district offices

*** indicates information that you need to provide.**

YOU'RE INFORMATION

*First Name: _____ M.I. : _____ *Last Name: _____

*Date of Birth: _____ *Social Security #: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Telephone #: _____

*Gender: _____ *U.S. Citizen: _____ Yes _____ No

If not, list your country of citizenship: _____

*Parents/Guardians: _____

EDUCATION INFORMATION

* Name of High School: _____

* High School Street Address: _____

*City: _____ *State: _____ *Zip: _____

*GPA: _____ Class Size: _____ Rank: _____ Graduation Date: _____

TEST SCORES

SAT Scores

Math: _____ Writing: _____ Critical Reading: _____ Composite: _____

ACT Scores

English: _____ Math: _____ Reading: _____

Science: _____ Composite: _____

If you have not received your schools yet, please indicate test date: _____

ACADEMY INFORMATION

*Number 1-4 the academies in order of preference:

U.S. Air Force Academy: _____ U.S. Merchant Marine Academy: _____

U.S. Military Academy: _____ U.S. Naval Academy: _____

An appointment to the Service Academies is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote him / her to a military career. Are you interested in an appointment on that basis? _____Yes _____No

ADDITIONAL INFORMATION

Name of hometown newspaper: _____

*Is it okay to use your name in a press release after receiving a nomination or appointment?
_____Yes _____No

*Sign here: _____ *Date: _____

NOTE:

Please include a list of your extracurricular activities and leadership responsibilities.