Application for Nomination to a U.S. Service Academy

Congresswoman Michele Bachmann (MD-06) 110 2nd St. S., Suite 232, Waite Park, MN 56387 Phone: 320-253-5931 Fax: 320-240-6905

Legal Name:						
Legal Name:		First	Middle			
Academy Preferences Rank only those you are inte	rested in attending, in or	der of preference (exampl	e: 1=first; 2=second, 3=third, 4=last)			
Air Force Academy Merchant Marine Acad	emv	Already AppliedAlready Applied				
Military Academy at W	•	Already Applied				
Naval Academy		Already Applied				
I am also seeking a nominati	on through:Senator	Senator	Vice President			
			Results:			
Legal Minnesota Address:						
Legal Minnesota Address: _	Street Address	City	Zip			
Phone: ()	County:	Co	Congressional District:			
Date of Birth:	Place:	Social Securi	Security No.:			
Email Address:						
Temporary Address:	eet Address City	Temp	oorary Phone: ()			
Father's Full Name:			:			
Mother's Full Name:		Occupation	n:			
High School:	Counselo	or:	Phone: ()			
Check one and complete:		· . 1 CATE / /	ACT			
			ACT/			
☐ I have not taken the requ	ared test, but plan to take	e the SAT /ACT (circle on	e/both) on:			
Have you attended college?	If so, place:		Number of Years:			

Application for Nomination - Page 2

Extra-(Curricular	Activities	- Indicate grad	de level for eacl	n item; inclu	de separate sh	neet if necessary	
Awards	/ Honors: _							
	c Participa	tion Grade	Vansitar	Dogition	I attan(a)	Cantain	Awards / Honors	
3]	port	Level	Varsity Yes or No	Position	Letter(s)	Captain Yes or No	Awards / Honors	
If you a	re employe	d, please i	ndicate where	and the number	of hours yo	u work per w	eek:	
							Summer:	
Employi	ment History	:						
Please	read and sig	on: Thave	read the academ	ny nomination in	formation giv	en to me from	the office of Representat	ive
Michele	Bachmann a	nd am fam	iliar with the red	quirements. I cer	rtify that I am	a legal resider	nt of the State of Minneso	ota. I
understa a nomina		ave not sub	mitted all neces	sary data by Oct	ober 31, 201	2, I may not be	given final consideration	n for
							Data	
Signatu	ıre:						Date:	
	PL	EASE HA	VE HIGH SO	CHOOL COU	NSELOR C	OMPLETE A	AND SIGN	
SAT:	VERBA	L	MATH					
ACT:	ENGLIS	Н	_ MATH	READIN	IG	SCI REAS _	COMP	
	GPA		CLASS RANI	K S	ignature			