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Congressman Doc Hastings
Serving Central Washington

U.S. Service Academy Application For Nomination

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE: Home _____ Work _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

HIGH SCHOOL _____ PHONE _____

E-MAIL ADDRESS _____

SCHOOL ADDRESS _____ WILL GRADUATE: 201 _____

GPA _____ RANK IN CLASS _____ OF _____ STUDENTS

TEST SCORES: SAT V _____ M _____ W _____

ACT E _____ M _____ R _____ SR _____ C _____

ACADEMY CHOICES: 1st _____ 2nd _____ 3rd _____ 4th _____

(i.e. Army, Navy, Air Force, or Merchant Marine)

Please request a nomination only to the academies from which you would accept an appointment

PARENTS _____

Is your parent a career military officer? If so, state branch of service and rank:

Branch of Service _____ Rank _____

PLEASE READ BEFORE SIGNING

I hereby certify that I am a legal resident of the 4th Congressional District of Washington. I have read the information explaining the nominating procedures and am familiar with the criteria and requirements. I understand that I must submit all required information by 5 p.m. on November 5 to be considered for a nomination for the academy classes reporting the following June.

SIGNATURE _____ DATE _____

Please forward the completed application and all other information to Congressman Doc Hastings, 2715 Saint Andrews Loop, Suite D, Pasco, WA 99301