

**Congressman Joe Wilson
Service Academy Application**

Personal Information

First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Preferred Name: <input style="width: 90%;" type="text"/>	Date of Birth: <input style="width: 90%;" type="text"/>
Socail Security #: <input style="width: 90%;" type="text"/>	Telephone Number: <input style="width: 90%;" type="text"/>
E-Mail Address: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Academic Information

High School: <input style="width: 95%;" type="text"/>	SAT-Verbal: <input style="width: 40%;" type="text"/>	SAT-Math: <input style="width: 40%;" type="text"/>
Class Rank: <input style="width: 95%;" type="text"/>	GPA: <input style="width: 40%;" type="text"/>	<input type="checkbox"/> Please Check if Not Based on a 4.0 Scale

Guardian Information

Parent(s) Name: <input style="width: 98%;" type="text"/>	
<i>Applicant Must Live in the Second Congressional District</i>	
Address: <input style="width: 98%;" type="text"/>	
City: <input style="width: 70%;" type="text"/>	Zip: <input style="width: 20%;" type="text"/>

Academy Preference

Please List Academy Preference by Labeling School 1-4 (1 Being Most Preferred)

Air Force: <input style="width: 40%;" type="text"/>	West Point: <input style="width: 40%;" type="text"/>	Navy: <input style="width: 40%;" type="text"/>	Merchant Marines: <input style="width: 40%;" type="text"/>
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Academic Achievements/Awards (Please List)

Athletic Activities *(Please List)*

Church and Community Activities *(Please List)*

Extracurricular Activities *(Please List)*

Letters of Reference

Please list three people who will be writing letters of recommendation on your behalf. One of these should be a teacher, principal, or coach at your high school. Letters of recommendation should be sent to the address below. If letters are sent separately, it is the applicants responsibility to ensure these letters are received by Congressman Wilson by the application deadline.

Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>

Please mail this completed application from, your test scores, your 3 letters of recommendation, your personal essay, and your high school transcript to:

DEADLINE: October 26, 2012

Congressman Joe Wilson
ATTN: Academies Coordinator
1700 Sunset Boulevard Suite 1
West Columbia, SC 29169