Congressman Robert Aderholt
205 Fourth Avenue NE, Suite 104
Cullman, Alabama 35055
(256) 734-6043

Service Academy Nomination Form

Application for Service Academy, Class Entering: _____
(Year)

Legal Full Name: _____

Name Normally Used (Nickname): _____

Mailing Address: _____
Street City State Zip Code

Home Telephone: (____) _____

Date of Birth: _____ Social Security Number: _____

Parent or Guardian: _____

Parent's Business Address: _____
Street City State Zip Code

Parent's Business Phone: (____) _____

Your High School: _____ Graduation Date: _____

Standing Within Your Class: _____

Which Academy Do You Prefer? (1st Choice) _____

(2nd Choice) _____ (3rd Choice) _____

If You Are Living Or Working Away From Home, Give Temporary Address: _____

_____

Additional Documents Required:

1. **Submit a detailed list of your school, church and civic activities.**
2. **Have your school registrar forward a transcript of your grades.**
3. **Submit a photograph.**
4. **Have two (2) responsible persons prepare recommendations in your behalf.**

RETURN THIS FORM AND THE REQUESTED DOCUMENTS TO THE ABOVE ADDRESS. PLEASE KEEP THIS OFFICE ADVISED OF YOUR CURRENT ADDRESS AT ALL TIMES. PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.

Date: _____ Signature: _____