Congressman Robert B. Aderholt

Shoals District Office

1011 George Wallace Blvd., Suite 146

Tuscumbia, AL 35674

(256) 381-3450

Service Academy / Marion Military Institute (MMI) Ap	plication Form	
Class Entering:	(Year)	
Legal Full Name:		-
Name Normally Used (Nickname):		_
Mailing Address:		
Street City State Zip Code		
Best Contact Phone Number:		
Date of Birth:		
Parent or Guardian:		-
Parent's Phone:		
Your High School:	_ Graduation Date:	
Standing Within Your Class:		
Which Academy Do You Prefer?		
(If choosing MMI, list that in the first-choice space.)		
1st Choice:		
2nd Choice:		
and Chaine		

If You Are Living or Working Away From Home, Temporary Address:		
Additional Documents Required	(Checklist):	
1. A detailed list of your school,	church, and civic activities.	
2. A transcript of your grades ar	nd ACT/SAT score, sent by your school registrar.	
3. A recent photograph.		
4. Two letters of recommendation	on from responsible adults (non-family).	
5. A short summary (500 words) program you selected.	explaining why you want to attend the service academy or MMI	
RETURN THIS FORM AND TH	E REQUESTED DOCUMENTS TO THE ABOVE ADDRESS.	
PLEASE KEEP THIS OFFICE A	ADVISED OF YOUR CURRENT ADDRESS AT ALL TIMES.	
PLEASE BE SURE YOU HAVE	ANSWERED ALL QUESTIONS COMPLETELY.	
Date:	Signature:	