Application for Nomination to U.S. Service Academies

Congressman John Kline
101 W. Burnsville Pkwy. Suite #201
Burnsville, MN 55337

Please type or print:

List Academy preferences: #1_____ #2_____ #3_____ #4_____

Full Name _____
First Middle Last

Legal Minnesota Address _____
Street City Zip

Phone ( )____-____ County _____ Cong. District ____ Social Security No. ___-___-_____

Temporary Address_____ Temp. Phone ( )____-_____

Email Address_____

Height_____ Weight_____ Date of Birth_____ Place_____

Father's Name_____ Occupation_____

Mother's Name_____ Occupation_____

High School_____ Counselor_____ Phone ( )____-_____ Grad Yr. _____

If you have attended college, where?_____ How many years? _____

Extra-Curricular Activities: (Indicate grade(s) for all that apply)

____ Boys' State/Boys' Nation
____ Girls' State/Girls' Nation
____ President of Student Gov't
____ Other Student Gov't Office
____ President of Class
____ Other Class Office
____ Student Council Member
____ National Honor Society
____ Eagle Scout
____ Boy Scout
____ Girl Scout
____ Gold Award
____ Key Club
____ Language or Science Club
____ Officer, Non-School Club
____ Church Club
____ School Band/Chorus
____ Jr. ROTC Officer
____ Jr. ROTC
____ Editor, Sch. Publication Yearbook / Newspaper
____ Comty. Award (explain)
____ Officer, School club
____ Other (explain)

If you are employed, how many hours per week? After School: _____ Summer: _____

Explanations:_____

_____

_____

Athletic Participation

Sport	Grade	Varsity	Position	Letters	Captain?	Awards/Honors
	9 10 11 12					
	9 10 11 12					
	9 10 11 12					
	9 10 11 12					
	9 10 11 12					

Check One: [ ] I have taken the following tests on the dates indicated: SAT_____ ACT_____
[ ] I have not taken the require test, but plan to take the SAT/ACT on _____

I am also seeking a nomination through:_____
Senator Senator Vice President

I ([ ] have [ ] have not) previously sought a nomination. When _____ Results_____

Please read before signing: I have read the Information Sheet explaining Congressman Kline's nominating procedure and am familiar with the requirements. I certify that I am a legal resident of the State of Minnesota. If I have not submitted all necessary data by the November 1st deadline, I understand that I may not be given final consideration for a nomination.

Date: _____ Signature: _____

PLEASE HAVE HIGH SCHOOL COUNSELOR COMPLETE AND SIGN (Do NOT Detach)

SAT VERBAL _____ MATH _____

ACT ENG _____ MATH _____ READING _____ SCI REAS _____ COMP _____

GPA _____ CLASS RANK_____ Signature_____