
**APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMIES
CONGRESSMAN JOHN KLINE – MINNESOTA SECOND CONGRESSIONAL DISTRICT**

PLEASE HAVE HIGH SCHOOL COUNSELOR COMPLETE AND SIGN.

Student's Full Name: _____

Last Name

First Name

Middle Name

Counselor's Name _____

ACT				
English	Math	Science Reasoning	Composite Score	

SAT		
Verbal	Math	

Academics		
GPA	Class Rank	

Signature : _____ **Date:** _____

THANK YOU
