

Application of United States Service Academy Nomination



Congressman John Lewis
 100 Peachtree Street, NW, Suite 1920
 Atlanta, GA 30303
 (404) 659-0116
 (404) 331-0947 FAX



Please type or print

Name:		Email:	
Permanent Home Address:			
Current Address (if different):			
Home Phone: ()	Social Security Number:	Congressional District:	
Date of Birth:	Height:	Weight:	Corrective Lenses: YES <input type="checkbox"/> NO <input type="checkbox"/>
Father's Name:		Occupation:	
Mother's Name:		Occupation:	
High School:	Counselor:	Phone: ()	
If you have attended college, where?		Number of Years:	

Extra Curricular Activities: (*High School Only – Please indicate grades for all that apply*)

- | | |
|--|---|
| <p>_____ President of Student Government</p> <p>_____ Other Student Government Office</p> <p>_____ President of Class</p> <p>_____ Other Class Office</p> <p>_____ Student Council Member</p> <p>_____ National Honor Society</p> <p>_____ Boy Scout</p> <p>_____ Eagle Scout</p> <p>_____ Girl Scout</p> <p>_____ Officer School Club</p> | <p>_____ Languages/Science Club</p> <p>_____ School Band/Chorus</p> <p>_____ Governor's Honors Program</p> <p>_____ Church Club</p> <p>_____ JROTC or CAP</p> <p>_____ JROTC/CAP Officer</p> <p>_____ Editor, School Yearbook/Newspaper</p> <p>_____ Officer, Non-School Club</p> <p>_____ Other (please explain)</p> |
|--|---|

If you are employed, how many hours do you work per week? After school _____ Summer _____

Additional Comments: _____

Class Rank: _____ Number of Students in Class: _____ Year of Graduation _____

Please indicate Service Academy preference: (first and second choices)

- U.S. Military U.S. Naval U.S. Air Force U.S. Merchant Marine U.S. Coast Guard

Are you seeking nomination through another member of Congress? Yes No

If so, please list: _____

Please list athletic participation and applicable grades below. (High School Only)

Sport	Grade(s)	Varsity	Position	Captain	Letters	Honors/Awards

Check one and complete:

I have taken the following tests on the dates indicated: SAT: _____ ACT: _____

I have not taken the required tests, but plan to take the SAT on _____ or ACT on _____.

5th Congressional District SAT Code is #3480

5th Congressional District ACT Code is #7355

Recommendations:

Principal or Counselor – Name: _____

Teacher – Name: _____ Course Taught: _____

Other Adult – Name: _____ Address: _____

I affirm that I am a legal resident of Georgia and that the information provided here is true and correct to the best of my knowledge.

Signature: _____

Date: _____