



Complete and return this application form to:

Congressman David P. Joyce  
1 Victoria Place, Rm 320  
Painesville, Ohio 44077  
Attn: Maureen Jeffery

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Academy Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Privacy Act of 1974 Statement:

Congressman David P. Joyce, please monitor my process in seeking a nomination to the academy of my choice. I hereby consent to the academies and high school to release all relevant portions of my records to Congressman Joyce for the nomination process.

Student Signature \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Please list employment, honors, achievements, and special interest on a separate sheet