

Office of Congressman Mark E. Amodei

Military Academy Nomination Application For the Class of 2026

Your Information:			
First Name:	Initial:	Last Name:_	
Street Address:			
City:		State:	Zip Code:
Email Address:			
Telephone Number:			
Gender:			
Parents / Guardians:			
Education Information:			
Name of High School:			
School Address:			
School City:	Scho	ol State:	School Zip Code: _
GPA Unweighted:	GP	A Weighted:	
Academy Information:			
Number your preference (1 to 4) of academies	s with 1 being y	our highest pre	ference:
U.S. Air Force Academy -Is you U.S. Merchant Marine Acaden U.S. Military Academy (West F U.S. Naval Academy: - is your	ny - Is your app Point): - Is your	lication on file application on	with USMMA? Y/N file with USMA? Y/N
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