



Office of Congressman Mark E. Amodei

Military Academy Nomination Application

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: _____ School State: _____ School Zip Code: _____

GPA Unweighted: _____ GPA Weighted: _____

Academy Information:

Number your preference (1 to 4) of academies with 1 being your highest preference:

- _____ U.S. Air Force Academy -Is your application on file with USAFA? Y / N
- _____ U.S. Merchant Marine Academy - Is your application on file with USMMA? Y / N
- _____ U.S. Military Academy (West Point): - Is your application on file with USMA? Y / N
- _____ U.S. Naval Academy: - Is your application on file with USNA? Y / N

Signature: _____ Date: _____