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: