



PRE-CANDIDATE APPLICATION FOR A NOMINATION FROM SENATOR BURNS TO THE U.S. SERVICE ACADEMIES



FULL NAME: _____ SOCIAL SECURITY #: _____

LEGAL ADDRESS IN MONTANA: _____

CITY: _____ ZIP: _____ COUNTY: _____ TELEPHONE: _____

TEMPORARY ADDRESS: _____ TEMP PHONE: _____

DATE OF BIRTH: _____ PLACE: _____ HEIGHT: _____ WEIGHT: _____ VISION: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S: _____ OCCUPATION: _____

HIGH SCHOOL: _____ COUNSELOR: _____ PHONE: _____

HAVE YOU ATTENDED COLLEGE? _____ IF YES, WHERE: _____ HOW LONG: _____

EXTRACURRICULAR ACTIVITIES: (INDICATE WHICH YEARS APPLY) HIGH SCHOOL ONLY

- | | | |
|------------------------------------|------------------------------|-----------------|
| _____ BOY/GIRLS'S STATE/NATION | _____ EAGLE SCOUT | _____ BAND |
| _____ STUDENT GOVERNMENT/COUNCIL | _____ BOY/GIRL SCOUT | _____ CHORUS |
| _____ PRESIDENT OF STUDENT COUNCIL | _____ KEY CLUB | _____ JR ROTC |
| _____ CLASS PRESIDENT | _____ SCIENCE CLUB | _____ COMMUNITY |
| _____ EDITOR, YEARBOOK/NEWSPAPER | _____ NATIONAL HONOR SOCIETY | |

SPORTS: _____

IF YOU ARE EMPLOYED, HOW MANY HOURS PER WEEK: _____ AFTER SCHOOL: _____ SUMMER: _____

JOB DESCRIPTION: _____

ARE YOU AWARE OF THE PHYSICAL REQUIREMENTS OF THE ACADEMIES? _____

HAVE YOU STAYED IN GOOD PHYSICAL CONDITION? _____

ARE YOU AWARE OF ANY MEDICAL CONDITIONS, WHICH MAY DISQUALIFY YOU FROM AN ACADEMY?

PLEASE HAVE YOUR COUNSELOR COMPLETE AND SIGN:

CUMULATIVE GPA: _____ GRADE POINT AVERAGE: _____ CLASS RANK: _____

THIS STUDENT HAS TAKEN THE SAT OR ACT ON THESE DATES: _____

THIS STUDENT PLANS TO TAKE THE SAT OR ACT TESTS ON: _____

SIGNED: _____ DATE: _____

CHECK ALL THAT APPLY AND COMPLETE:

I AM ALSO SEEKING A NOMINATION THROUGH: Senator Congressman President/ Vice President

I HAVE PREVIOUSLY SOUGHT A NOMINATION THROUGH: _____

Year: _____ Results: _____

I HAVE REQUESTED AN APPLICATION FROM: (You can Check more than one box & Please Number your preference)

- ___ Air Force Academy at Colorado Springs, CO ___ Naval Academy at Annapolis, MD
 ___ Military Academy at West Point, NY ___ Merchant Marine Academy at Kings Point, NY
 ___ Coast Guard Academy at New London, CT (nomination not necessary)

PLEASE READ BEFORE SIGNING: I am familiar with the nomination procedure and the requirements.

I CERTIFY THAT I AM A LEGAL RESIDENT OF THE STATE OF MONTANA. I understand that I may not be given final consideration for a nomination if I have not submitted all the necessary data by the **NOVEMBER 1 DEADLINE.**

SIGNATURE: _____ DATE: _____