

Return to:
Senator Ernest F. Hollings
112 Custom House
200 East Bay Street
Charleston, SC 29401



Attach
Photo
Here

Application for Service Academy Nomination

ACADEMY PREFERENCES:

1. _____ 2. _____ 3. _____

PERSONAL INFORMATION:

Full Name: _____ Nick Name: _____

Date & Place of Birth: _____
date city

Social Security Number: _____ Home Phone Number: _____

Permanent Address: _____
street city state zip

Temporary Address: (if applicable) _____

Father's Name: _____ Position: _____

Address: _____ Place of Employment: _____

State of Legal Residence: _____ Work Phone: _____

Mother's Name: _____ Position: _____

Address: _____ Place of Employment: _____

State of Legal Residence: _____ Work Phone: _____

Brothers/Sisters (name & age): _____

ACADEMIC INFORMATION:

High School: _____ Phone Number: _____

Principal's Name: _____ Counselor's Name: _____

Approximate Letter Grade Average (circle one): A A- B+ B C+ C D

Class Rank (if applicable): _____ Size of Class: _____

SAT Scores: Verbal: _____ Math: _____ Total: _____ Date: _____

Do you know of any medical problems which would present you from receiving an academy appointment?
YES: _____ NO: _____ (If yes, please explain on a separate sheet).

Signature: _____ Date: _____