



Congresswoman Tammy Baldwin

10 East Doty Street, Suite 405

Madison, Wisconsin 53703

**Application for Nomination to U.S. Service
Academies**

Please print or type

NAME _____

ADDRESS _____

CITY _____ ZIP _____

COUNTY _____

SOCIAL SECURITY NUMBER

_____-_____-_____

DATE OF BIRTH ____/____/_____

My Cell Phone (____)_____

Family's Home Phone: (____)_____

Daytime number where your father can be reached.

(____)_____

Daytime number where your mother can be reached.

(____)_____

PARENTS' NAMES

HIGH SCHOOL

School Name

Address

City

(____)_____
Telephone



APPLYING FOR ADMISSION TO:

(Numerically rank in order of preference – only those you want to attend)

- () AIR FORCE
- () MILITARY (ARMY)
- () NAVY
- () MERCHANT MARINES

HIGH SCHOOL ADVISOR'S NAME

CLASS STANDING (Number and Size): _____

GRADE POINT AVERAGE: _____

COLLEGE ENTRANCE EXAMS

SAT

ACT

Verbal _____

English _____

Math _____

Reading _____

Science _____

Math _____

Composite _____

1. I want to attend a service academy because:

2. My extra-curricular activities have been:

3. If I have been employed, I have worked:

(Attach additional pages, if necessary)

APPLICANT CERTIFICATION

I do hereby certify that I am a United States citizen, a resident of the State of Wisconsin and the Second Congressional District. I do further certify that I have never been married and that I will not be less than 17 years of age or more than 22 years of age on July 1st of the year that I hope to enter the Academy of my choice

Signature of Applicant _____ Date ____/____/____

COMPLETED APPLICATIONS MUST BE RECEIVED BY OCTOBER 15, 2012
SEND ALL DOCUMENTATION TO:

**CONGRESSWOMAN TAMMY BALDWIN
ATTN: JON WACHTER
10 E DOTY STREET, RM 405
MADISON, WISCONSIN 53703**

**IF YOU HAVE QUESTIONS ABOUT THIS
APPLICATION:
CONTACT JON WACHTER AT
(608) 258-9800**
