



Congress of the United States  
 House of Representatives

Service Academy Application Form 19

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

**Where are you applying to ?**

Please rank 1<sup>st</sup> – 4<sup>th</sup> choice.

U.S Military Academy ____ Have you started an application? Yes Or No ____	U.S. Naval Academy ____ Have you started an application? Yes Or No ____
U.S. Air Force Academy ____ Have you started an application? Yes Or No ____	U.S. Marchant Marine Academy ____ Have you started an application? Yes Or No ____

**Checklist**

Checklist	*Staff Initials
<input type="radio"/> Complete Application Form 19	
<input type="radio"/> Photo (Name on Reverse)	
<input type="radio"/> Resume	
<input type="radio"/> Essay (500 Words)	
<input type="radio"/> Transcript(s)	
<input type="radio"/> Test Score(s) ACT & SAT	
<input type="radio"/> Letter of Recommendation	
<input type="radio"/> Letter of Recommendation	
<input type="radio"/> Letter of Recommendation	
Applicant Signature	*(FOR OFFICE USE ONLY)
X	