

SERVICE ACADEMY APPLICATION FORM

Name: _____ Phone: _____

Address: _____ Birthdate: _____

_____ SSN: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

High School: _____ Graduation: 200_____

College Prep School (if applicable): _____

School Counselor: _____ Phone: _____

Current Class Schedule _____ Grade to Date: _____

Academy Preference: (Air Force/Naval/Military/Merchant Marine)

1st : _____ 2nd.: _____

3rd.: _____ 4th _____

Intended Major: _____ Desired Degree: _____