

# Senator Herb Kohl

## Application For Nomination To U.S. Service Academies

4321 West College Avenue, #235  
Appleton, Wisconsin 54914

Contact: Marlene Mielke  
(920) 738-1640

Please PRINT or TYPE

FULL NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

APPLYING FOR ADMISSION TO:  
(Please number in order of preference - rank  
only those academies you wish to attend.)

COUNTY \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

Daytime telephone number where your father can be  
reached \_\_\_\_\_

Daytime telephone number where your mother can be  
reached \_\_\_\_\_

YOUR CONGRESSIONAL DISTRICT \_\_\_\_\_

ADVISOR'S NAME \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

CLASS STANDING (number and size) \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

OVERALL GRADE POINT AVERAGE \_\_\_\_\_

Name

Address

City

Telephone

Please indicate date that you took your college entrance  
exams and if you plan to retake the tests:

Examination Date \_\_\_\_\_

Reexamination Date \_\_\_\_\_

COLLEGE ENTRANCE EXAM SCORES:

SAT

ACT

Verbal \_\_\_\_\_

English \_\_\_\_\_

Math \_\_\_\_\_

Reading \_\_\_\_\_

Science

Reasoning \_\_\_\_\_

Math \_\_\_\_\_

Composite \_\_\_\_\_

Do you have 20/20 vision without glasses?

\_\_\_\_\_

**SCHOOL ACTIVITIES:**

Please list below all school activities in which you have participated. Include clubs, athletics, school organizations, etc. Please indicate any leadership roles in those activities.

Please list all scholastic honors, scholarships, recognitions and awards received:

Please list all extracurricular honors, achievements and recognitions received:

**OUTSIDE ACTIVITIES:**

Please list any non-school activities in which you have participated by school year (include employment, scouting, church groups, community service, etc.). If employed, please state responsibilities of jobs, dates of employment, hours worked per week:

**OTHER ACTIVITIES** (include hobbies, recreational activities, special interests):

**IN 200 WORDS OR LESS, STATE WHY YOU WANT TO ATTEND A SERVICE ACADEMY. PLEASE ATTACH THIS STATEMENT TO THE APPLICATION.**

**CERTIFICATION OF CITIZENSHIP:**

I do hereby certify that I am a U.S. citizen and a resident of the State of Wisconsin. I do further certify that I am not married and that I will not be less than 17 years of age nor more than 23 years of age on July 1st of the year that I hope to enter the Academy of my choice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date