



James P. McGovern

Member of Congress • MA - 3

U.S. Service Academy Nomination Questionnaire

PERSONAL INFORMATION:

NAME(Last, First, Middle): _____

PERMANENT ADDRESS(Street, City, State, Country, Zip): _____

HOME TELEPHONE: _____ D.O.B.: _____ S.S. NUMBER: _____

NAME OF PARENTS/GUARDIANS: _____

HIGH SCHOOL INFORMATION:

SCHOOL NAME: _____ ADDRESS: _____ PHONE: _____

NAME OF PRINCIPAL: _____ GRADUATION DATE: _____

CIRCLE ACADEMY OF CHOICE/INDICATE IN ORDER OF PREFERENCE:

U.S. Military Academy | U.S. Air Force Academy | U.S. Naval Academy | U.S. Merchant Marine Academy

HAVE YOU APPLIED FOR A NOMINATION THROUGH ANOTHER SENATOR OR CONGRESSMAN'S OFFICE? (If so, who?): _____

**PLEASE ATTACH A LIST OF EXTRACURRICULAR ACTIVITIES & EMPLOYMENT;
A RECENT PHOTOGRAPH AND RETURN THE COMPLETE QUESTIONNAIRE TO:**

Maria DeCoste
Office of Congressman Jim McGovern
371 South Main Street, Suite 102
Fall River, MA 02721

DATE: _____ SIGNATURE: _____