REQUEST FOR CONGRESSIONAL NOMINATION

Candidate Information

Full Name: ____________________________________________________________
(as it appears on your birth certificate)

Date of Birth: _______________ Place of Birth: ___________________________ Gender: _____

Your Address: __________________________________________________________
(include both permanent and mailing address plus zip code)

Home Phone: _______________ Cell Phone: _______________ E-Mail: __________

Parent Information

Parent Names/Address: ____________________________________________________________________________________________

_________________________ ______________
Parent Phone: _______________ Parent Email: __________________________

School Information

High School: ____________________________________________________________________________________________
(name and address)

Date of High School Graduation: _______________

Approximate standing is ________________ in a class of __________________

Current School/University/College: __________________________ When will you graduate? _______________

Special skills, training or certification (i.e., foreign language proficiency, pilot certified, etc.):

______________________________________________________________________________________________

Academy preference ranked 1-4 (if you only want one academy rank only that one):

Air Force _____ Army _____
Merchant Marine _____ Navy _____

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