

Representative Hinchey Online Academy Nomination Application Form

Please use the following form to apply for a nomination to one of the service academies.

Fields marked with an * (asterisk) are required.

Indicate Academy and/or Preference

Indicate the academy you would like a nomination for *

Note: You may select a first and second choice

- United States Air Force Academy _____
- United States Military Academy _____
- United States Naval Academy _____
- United States Merchant Marine Academy _____

Information of Applicant (must have legal residence within 22nd Congressional District)

Prefix: * _____ (ex. Mr. or Ms.)

Full Legal Name: * _____

Common Name Used (Nickname): _____

Date of Birth: * ____/____/____

Street Address: * _____

City: * _____

State: * _____

Zip Code (5 or 9 digit): * _____+4 _____

County and Township: * _____

Phone Number: * (_____) _____-_____

E-mail Address: _____

First Parent or Guardian Information

Parent or Guardian Relationship: * _____
(Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name: * _____

Street Address: * _____

City: * _____

State: * _____

Zip Code (5 or 9 digit): * _____+4 _____

Occupation: * _____

Where Employed: * _____

Phone Number: * (_____) _____-_____

Second Parent or Guardian Information

Parent or Guardian Relationship: * _____
(Mother, Father, Guardian, Grandparent, etc.)

Full Legal Name: * _____

Street Address: * _____

City: * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

Occupation: * _____

Where Employed: * _____

Phone Number: * (_____) _____ - _____

Education Information

High School: * _____

Counselor's Name: * _____

Street Address: * _____

City: * _____

State: * _____

Zip Code (5 or 9 digit): * _____ +4 _____

Phone Number: * (_____) _____ - _____

Expected Date of Graduation: * ____/____/____

College currently attending (if applicable):
