



Service Academy Application Congressman Adrian Smith (NE-03)

General	Information

Name:				
Social Security Numbe	er:	Date of Birth:	//	
Current Address:				
	Address	City	Zip	
Permanent Address: _				
	Address	City	Zip	
Telephone: ()			(Home/Cell/Work)	
E-mail Address:				
Family Information				
Parent(s) Name:				
Parent(s) Address:				
	Address	City	Zip	
Parent(s) Phone: (_)		(Home/Cell/Work)	
Academic Informati	on			
High School:				
Name		City	Telephone Number	
GPA:	Class Standing:	of		
ACT Composite Score	: SAT S	core:		
College Information	(If Applicable)			
0				
Name		City	State	
Major:	Minor:		GPA:	
List Academies in O	rder of Preference	<u>::</u>		
Air Force N	Ierchant Marine	Military_	Naval	
Signature:		Date:		