



ACADEMY NOMINATION ACKNOWLEDGMENT FORM

By signing this service academy application acknowledgment form, I am acknowledging the following: I have read the application instructions and requirements. I acknowledge that I am responsible for the content of this application and that all information provided is true and correct. If I do not submit my online application and mail all of the necessary supporting documents prior to the deadline, I will not be given consideration for a nomination from Senator Blumenthal.

I am a legal and permanent resident of the State of Connecticut and a United States citizen. My parent or guardian is domiciled in the State of Connecticut. Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.

I will be at least 17 but not yet 23 years of age on July 1, of the year I am admitted to the academy. I am neither married nor pregnant; and I have no obligation of child support.

Name (printed): _____

Home Street Address: _____

City, Zip: _____

Social Security Number: _____

Signature: _____

Date: _____ / _____ / _____

The Honorable Richard Blumenthal
United States Senator
90 State House Square
Tenth Floor
Hartford, CT 06103
Attention: Academy Nomination Coordinator