

2016-2017 ACADEMY NOMINATION ACKNOWLEDGMENT FORM

By signing this 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.

I am a legal and permanent resident of the State of Missouri and a United States citizen. My parent or guardian is domiciled in the State of Missouri. 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): _____

Street Address: _____

City & Zip: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____

Date: _____

Please mail to the address below by October 12, 2016:

U.S. Senator Roy Blunt
7700 Bonhomme, Suite 315
Clayton, MO 63105
Attention: Academy Coordinator