

Personal Information Name _____ Last First Middle Address _____ TX Street City Zip State **County** _____ Birth Date _____ Email ____ Home Phone _____ Cell Phone ____ **Education** High School: TX Address: _____ Street City State Zip Graduation Year ____ GPA ____ Class Rank ____ In a Class of ____ students **SAT Test Scores** Math Writing Reading Composite **ACT Test Scores** Math _____ Writing ____ Reading ____ Composite ____

Parent/Guardian Information Name _____ First Middle Address _____ State Street City Zip Home Phone _____ Cell ____ Email _____ **Academy Information** Please rank the Academies in order according to your interest. 3._____ **Passed Candidate Fitness Assessment?** If Yes, Date Completed: _____ If No, Date You Plan to Complete: _____ Administrative Paperwork Completed for each Academy application? If Yes, Date Completed: _____ If No, Date You Plan to Complete: _____ Completed DoDMERB exam? _____

If Yes, Date Completed: _____ If No, Date You Plan to Complete: _____