

SAM FARR  
17TH DISTRICT, CALIFORNIA

COMMITTEE ON APPROPRIATIONS  
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**CONGRESSIONAL NOMINATION APPLICATION**

PREFERENCE (Please rank choices from highest to lowest):

\_\_\_ Air Force / \_\_\_ Annapolis / \_\_\_ West Point / \_\_\_ Merchant Marine

FULL NAME: \_\_\_\_\_  
(LAST, first, middle)

LEGAL RESIDENCE: \_\_\_\_\_  
(Street/P.O. Box, City, ZIP Code)

MAILING ADDRESS: \_\_\_\_\_  
(If different from above)

TELEPHONE: \_\_\_\_\_ / DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_

High School Attended: \_\_\_\_\_ / GPA: \_\_\_\_\_

Rank in Class/Total Class Size: \_\_\_\_\_ (20th of 200, 4th of 25, etc.)

College Attended: \_\_\_\_\_ (if any)

Extracurricular Activities: (Include athletics, hobbies, offices held, etc.)

\_\_\_\_\_

\_\_\_\_\_

Please indicate any condition requiring medical attention:

\_\_\_\_\_

\_\_\_\_\_

Are you applying for nomination from another source? If so, who?

\_\_\_\_\_

\_\_\_\_\_

Any questions? Please contact Craig O'Donnell of my Santa Cruz office at 831-429-1976 or  
craig.o'donnell@mail.house.gov.