



Directions to Applicant: After completing this section, submit this form to your High School Guidance Counselor or Principal for them to complete and return to my office at:

Academy_Nominations@tester.senate.gov

Applicant Name: _____

Applicant Address: _____

Directions to Guidance Counselor or Principal: Your student is applying for nomination to a Service Academy of the United States Military. Please complete this recommendation form with your assessment of the applicant.

School Name: _____

School Address: _____

School Telephone: _____

Applicant Graduation Year: 20____

ACT Scores:

GPA: ____ of ____

English ____ Math ____

Numerical Class Rank: ____ of ____

Reading ____ Science ____

SAT-I Scores:

Critical Reading ____ Math ____ Writing ____

Leadership Qualities: _____

Personality Traits: _____

Ability to Work Under Pressure and Follow Directions: _____
