

[illegible]

This form should be completed by either the high school Principal or Guidance Counselor for the candidate's nomination to one or more of the U.S. Service Academies.

**Congressman Brian Mast**  
Attn: Jordan Séjour  
121 SW Port St. Lucie Blvd  
Port St. Lucie, FL 34984

ADDRESS OF SCHOOL:

---

---

---

GUIDANCE COUNSELOR NAME:

TELEPHONE NUMBER OF SCHOOL (*include area code*): \_\_\_\_\_

APPLICANT'S YEAR IN SCHOOL: \_\_\_\_\_

NUMERICAL CLASS RANK: \_\_\_\_ out of \_\_\_\_\_ Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

SAT SCORE: VERBAL: \_\_\_\_\_ MATH: \_\_\_\_\_ WRITING: \_\_\_\_\_

ACT SCORE: ENGLISH: \_\_\_\_\_ MATH: \_\_\_\_\_ READING: \_\_\_\_\_ SCI. REASONING: \_\_\_\_\_

LEADERSHIP CHARACTERISTICS:

---

---

---

---

---

---

PERSONALITY TRAITS:

---

---

---

---

---

---

ABILITY TO WORK UNDER PRESSURE:

---

---

---

---

---

---

LIST SCHOOL ACTIVITIES IN WHICH APPLICANT PARTICIPATES:

---

---

---

---

---

---

GENERAL COMMENTS AND/OR RECOMMENDATION: (Please complete this section as your comments are most helpful):

---

---

---

---

---

---

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_