Academic Recommendation Form for Nomination to U.S. Service Academies

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.

Please mail this completed form to:
Congressman Brian Mast
Attn: Jordan Séjour
121 SW Port St. Lucie Blvd
Port St. Lucie, FL 34984

You may also email the form to: jordan.sejour@mail.house.gov

______________________________________________________________
NAME OF APPLICANT:

______________________________________________________________
LAST, First Middle

ADDRESS:

______________________________________________________________
______________________________________________________________

NAME OF SCHOOL:
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: ____________________________