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

This form should be completed by either the High School Principal or High School Guidance Counselor for the Candidate’s Nomination to one or more of the U.S. Service Academies. If you would prefer an electronic copy of this document, please email jordan.sejour@mail.house.gov

Please mail this completed form to:

Congressman Brian Mast
Attn: Jordan Sejour
420 US Highway 1, Suite 19
North Palm Beach, FL 33408

NAME OF APPLICANT:

____________________________________
First                        Middle                        Last

ADDRESS:

____________________________________________________________________________
____________________________________________________________________________

NAME OF SCHOOL:

____________________________________________________________________________

ADDRESS OF SCHOOL:

____________________________________________________________________________
____________________________________________________________________________

GUIDANCE COUNSELOR NAME:

____________________________________

TELEPHONE NUMBER OF SCHOOL (include area code):

APPLICATION’S YEAR IN SCHOOL: _______
NUMERICAL CLASS RANK: ____________ 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):
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_____________________________________________________________________________________
_____________________________________________________________________________________

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