SERVICE ACADEMY RECOMMENDATION

This form is to be completed by your high school counselor or principal

Counselors: This form may be returned separately from the student's letter of recommendation.

High School Performance:

Name of Applicant:

Grade Point Average: Scale:

Class Rank: Out of: Based On: Semesters

Please rank the applicant among his/her peer group:

____ Excellent, among the best I have known _____ Very Good, stands out in group

____ Average _____ Below Average

Recommendation by Counselor or other high school official:

Please include the following in your letter or recommendation-

1. Tell us about the candidate's strengths and weaknesses.
2. Please describe the applicant's leadership characteristics.
3. How does the applicant handle stressful situations?

You may also get in touch with my Academy Coordinator, Christopher Stone, in my Springfield office:

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