



GUIDANCE COUNSELOR FORM: THIS FORM MUST BE COMPLETED BY CANDIDATE'S HIGH SCHOOL GUIDANCE COUNSELOR OR PRINCIPAL FOR CONGRESSIONAL NOMINATION TO ONE OF THE UNITED STATES SERVICE ACADEMIES

Name of Applicant: _____

Address: _____

Name of School: _____

Address of School: _____

Telephone Number of School: _____

Applicant's Year in School: _____ Class Rank: _____ of _____

Actual G.P.A.: _____ Weighted G.P.A.: _____

S.A.T. Scores: Verbal: _____ Math: _____

A.C.T. Scores: _____

Leadership Characteristics:

Personality Traits:

Ability to Work Under Pressure:

General Comments/Recommendation:

Name: _____ Title: _____

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM AND A CURRENT TRANSCRIPT TO THE APPLICANT SO THAT IT MAY BE SUBMITTED TO THE DISTRICT OFFICE OF CONGRESSMAN JAMES R. LANGEVIN BY OCTOBER 31. (IF OCTOBER 31 FALLS ON THE WEEKEND, APPLICATIONS ARE DUE THE FOLLOWING MONDAY.)