

U.S. REP. JAN SCHAKOWSKY

CHICAGO DISTRICT OFFICE

5533 N. BROADWAY, SUITE 2

CHICAGO, IL 60640

SERVICE ACADEMY RECOMMENDATION FORM

This form must be completed by either the Principal or the Guidance
Counselor of the School which applicant attends.

NAME OF
APPLICANT: _____

ADDRESS OF
APPLICANT: _____

NAME OF HIGH
SCHOOL: _____

ADDRESS OF
SCHOOL: _____

TELEPHONE NUMBER: _____

APPLICANT'S YEAR IN SCHOOL: _____

NUMERICAL JUNIOR YEAR CLASS RANK: _____

G.P.A. _____

SAT SCORES: Verbal: _____ Math: _____

ACT SCORES: English: _____ Math: _____

LEADERSHIP
CHARACTERISTICS: _____

PERSONALITY
TRAITS: _____

ABILITY TO WORK UNDER
PRESSURE: _____

ABILITY TO GET ALONG WITH
OTHERS: _____

LIST SCHOOL ACTIVITIES IN WHICH APPLICANT
PARTICIPATES: _____

GENERAL COMMENTS/RECOMMENDATION (Your comments are most helpful, so
please complete this section)

DATE: _____ SIGNATURE: _____

POSITION: _____

**PLEASE SEND THIS FORM AND A TRANSCRIPT SHOWING FINAL JUNIOR
GRADES.**