

Application for Nomination to the United States Service Academies Recommendation Form

| Disclaimer: By law, all admission material must be shown to a student upon request. If you prefer, you may answer the | | | | | | | | |
|---|--------------------------|----------------------|-----------------------|-------------------|-------------------|--|--|--|
| questions in the fo | | | | | | | | |
| Applicant Name | | | | | | | | |
| | First | Middle | La | st | Social Security # | | | |
| How long have | ou known the applican | t and in what conr | nection? | | | | | |
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| Tell us about the applicant's talents or strengths for leadership. | | | | | | | | |
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| What do you consider the applicant's weaknesses? | | | | | | | | |
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| Do you feel the | applicant personally wa | ints to attend a sei | vice academy or is ur | nder family or co | mmunity pressure? | | | |
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| How does the a | oplicant handle stressfu | Il situations? | | | | | | |
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| Do you know of any personal circumstances that might affect the applicant's performance at the academy? | | | | | | | | |
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| General comments, evaluation and/or recommendation (use additional sheets if necessary): | | | | | | | | |
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| Please rank this applicant among his/her peer group (1-6): | | | | | | | | |
| 1. Best | 2. Excellent | 3. Very Good | 4. Above Average | 5. Average | 6. Below Average | | | |

| Name(printed) | Title | Date | Signature | | | | | |
|---|-------|------|-----------|----------------|--|--|--|--|
| | | | | | | | | |
| Address | City | ST | ZIP | Contact Number | | | | |
| Please place this complete form and any additional attachments in a sealed envelope, signed across the flap, and return it to | | | | | | | | |
| the applicant OR mail directly to Congressman James Lankford Attn: Academy Nominations 1015 N. Broadway Ave., Ste 310 | | | | | | | | |
| Oklahoma City, OK 73102. If you have any questions or comments, call Holly Isch at 405.234.9900. | | | | | | | | |