## THIS FORM MUST BE COMPLETED BY EITHER THE HIGH SCHOOL PRINCIPAL OR HIGH SCHOOL GUIDANCE COUNSELOR FOR THE CANDIDATE APPLYING FOR A CONGRESSIONAL NOMINATION TO ONE OF THE UNITED STATES SERVICE ACADEMIES.

Name of				
Applicant:				
··· <u></u>	First	Middle		Last
Address:				
Street		Town		Zip Code
Name of School:				
Address of School:				
	Street	Town		Zip Code
School Telephone Number				
Applicant's year in school:		Class Rank:	GPA:	
SAT: Writing: Math:		Critical Reading:		
Last date taken:				
ACI: Highest Composite:_		Highest Math:		
Last date taken:				
Leadership Characteristics	:			
•				

Personality Traits:

School Activities:

General Comments/Recommendation:

Name:	Telephone No:		
Signature:	Date:		
PLEASE ENCLOSE A TRANSCRIPT REFLECTI	NG FINAL JUNIOR GRADES AND SEND TO MY OFFICE <u>NO LATER</u>		

## <u>THAN NOVEMBER 1<sup>ST</sup>.</u>

Representative Donald Norcross 10 Melrose Avenue, Suite 210 Cherry Hill NJ, 08003 (856) 427-7000