

U.S. REPRESENTATIVE MO BROOKS

Personal Recommendation Form for Congressional Nomination - Class of 2021

Note to Applicant: You must submit with your application packet THREE (3) completed personal recommendation forms from adult non-family members (e.g., school counselor, principal, teacher, employer, coach, scout leader, clergy).

Name of Applicant:			
	Last	First	Middle
The service academies prov of five years following gracandidates. Please know tha received in our office by 5 additional comments and/or Do you feel that you know	ide a tuition-free college aduation. The questions t we understand your time:00 p.m. on Friday, No recommendations about ow the applicant well	education leading to commissioning as an below are designed to provide informat ie is valuable and we appreciate your help i	er? Yes No
in what capacity do you	nave m stnanu know	reage of the applicant. For now long	g•
		t listed below as to how it best descri 25%; 2 = average; 1 = below average	bes the applicant in relation to other age; $N/A = not$ observed
 Gets along with 	and shows concern for	the welfare of others.	
 Communicates e 	effectively face-to-face	•	
 Communicates e 	effectively in written w		
 Demonstrates a positive attitude. 			
	bout his/her appearanc		
 Seeks academic 	challenges beyond tha	t required by routine class work.	
 Actively particip 	ates in extracurricular	activities.	
 Accepts criticism 	n and makes improven	nents from it.	
 Demonstrates in 	itiative and common se	ense problem solving skills.	
 Sets realistic goa 	als and exerts maximum	n effort to achieve those goals.	
 Exhibits leaders! 	nip skills and strong m	oral-ethical character.	
	otivation for attending e armed forces.	a service academy and serving as	
Describe here (or on add	ditional sheet) how th	e applicant handles challenging or st	ressful situations.
Describe here (or on add	ditional sheet) the ap	plicant's talents, strengths, work ethi	c and leadership qualities.
Describe here (or on addapplicant's performance		rsonal circumstances (positive and/o	r negative) that might affect the
On a scale of 1 (not recor	nmended) to 5 (highly	recommended) how strongly do you r	recommend this applicant?
		(and additional sheet, if applicable) in his/her application packet. Again, t	
Name of evaluator (printed)		(signed)	
Title	Data	Address	
11uc	Date	Address Street	City/Zip