U.S. REPRESENTATIVE MIKE COFFMAN
SERVICE ACADEMY NOMINATION APPLICATION

Applicant Recommendation Form

Notice to Applicant

I understand this reference is confidential and that the information provided herein will not be released to anyone outside the Office of U.S. Representative Mike Coffman, with the exception of the Representative's designates for the sole purpose of this review process.

_____   _____
Applicant Name   *Applicant Signature*

Notice to Recommender

All nomination applicants are required to have adult recommendations from each of the following categories: *one math or science teacher*, *one school staff member* and *one non-school/community member*. Recommendation letters are optional, but this recommendation form is required. Recommenders are to submit the completed form directly to Rep. Mike Coffman's office via one of the three options below.

_____   _____
Recommender Printed Name   *Recommender Signature*

_____   _____   _____
School/Organization   *Title*   *Date*

Please indicate your evaluation of the applicant in each of the following areas

	Excellent	Above Average	Average	Below Average	Poor
Ability to perform in a "pressured" environment	☐	☐	☐	☐	☐
Motivation/expression of interest in military service	☐	☐	☐	☐	☐
Ability to initiate and complete a task without guidance	☐	☐	☐	☐	☐
Leadership qualities as exhibited by school participation	☐	☐	☐	☐	☐
Respect and tolerance for authority	☐	☐	☐	☐	☐
Impression of student as "well rounded"	☐	☐	☐	☐	☐
Tenacity	☐	☐	☐	☐	☐

COMMENTS: If you have any additional comments that you feel will aid Rep. Coffman in evaluating the applicant as a prospective nominee, please write them on the back of this sheet or attach a separate sheet.

RETURN OF COMPLETED FORM: Please choose the method most convenient for you.

- *Mail:* U.S. Rep. Mike Coffman, 3300 S. Parker Rd., Suite 305, Aurora, CO 80014
- *E-mail:* coffman.nominations@mail.house.gov
- *Fax:* (720) 748-7680