



**CONGRESSMAN BRETT GUTHRIE**  
**2<sup>nd</sup> Congressional District**  
**of Kentucky**

**U.S. SERVICE ACADEMY APPLICANT EVALUATION FORM**

**SECTION I - IDENTIFICATION AND BACKGROUND INFORMATION**

NAME OF APPLICANT: \_\_\_\_\_

FIRST MIDDLE LAST

NAME OF EVALUATOR: \_\_\_\_\_

FIRST MIDDLE LAST

EVALUATOR'S ORGANIZATION AND TITLE: \_\_\_\_\_

EVALUATOR'S CONTACT INFORMATION: \_\_\_\_\_

PHONE EMAIL

BRIEFLY DESCRIBE YOUR RELATIONSHIP TO THIS APPLICANT:  
 \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS APPLICANT: \_\_\_\_\_

**SECTION II - INSTRUCTIONS FOR EVALUATION**

On a scale of 1-10, 10 being exceptional, 5 being average, and 1 being below average, please rate the applicant on each quality. *Please enter a "0" if you do not have an adequate relationship with the applicant to evaluate a particular quality.*

**SECTION III - EVALUATION**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1. INTEGRITY: _____            | 4. PHYSICAL FITNESS: _____    |
| 2. SCHOLASTICS: _____          | 5. ORGANIZATION SKILLS: _____ |
| 3. LEADERSHIP POTENTIAL: _____ | 6. ORAL COMMUNICATION: _____  |

**SECTION IV - ADDITIONAL COMMENTS**

**SECTION V - SUBMISSION**

Once this evaluation form is completed, you may submit it directly to Congressman Guthrie's office using the address below, or you may return it to the applicant in a sealed envelope for them to include in their application packet. Your signature certifies that you have personally completed this form on behalf of the applicant.

Applications due by Nov. 14, 2024.

SIGNATURE OF EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Return Address:  
 Office of Congressman Brett Guthrie  
 Attn: Mike'la Doerr, Service Academy Coordinator  
 996 Wilkinson Trace, Suite B2  
 Bowling Green, KY 42103