U.S. SERVICE ACADEMY APPLICANT EVALUATION FORM

SECTION I - IDENTIFICATION AND BACKGROUND INFORMATION

NAME OF APPLICANT: ________________________________________________________________

NAME OF EVALUATOR: ____________________________________________________________

EVALUATOR’S ORGANIZATION AND TITLE: ____________________________________________

EVALUATOR’S CONTACT INFORMATION: _____________________________________________

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: __________________________
2. SCHOLASTICS: _______________________
3. LEADERSHIP POTENTIAL: ____________
4. PHYSICAL FITNESS: __________________
5. ORGANIZATION SKILLS: ______________
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. 12, 2019.

SIGNATURE OF EVALUATOR: ____________________________ DATE: _______________________

Return Address:
Office of Congressman Brett Guthrie
996 Wilkinson Trace, Suite B2
Bowling Green, KY 42103
