CONGRESSMAN BRETT GUTHRIE
2nd 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:** _____
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, 2021

SIGNATURE OF EVALUATOR: _____ **DATE:** _____

Return Address:
Office of Congressman Brett Guthrie
Attn: Karen Cline, Service Academy Coordinator
996 Wilkinson Trace, Suite B2
Bowling Green, KY 42103