

**THIS FORM MUST BE COMPLETED BY CANDIDATE'S HIGH SCHOOL
GUIDANCE COUNSELOR OR PRINCIPAL FOR CONGRESSIONAL
NOMINATION TO ONE OF THE UNITED STATES SERVICE ACADEMIES**

Name of Applicant: _____

Address: _____

Name of School _____

Address of School: _____

Telephone Number of School: _____

Applicant's Year in School: _____ Class Rank: _____ of _____

Actual G.P.A.: _____ Weighted G.P.A.: _____

S.A.T. Scores: Verbal: _____ Math: _____

A.C.T. Scores: _____

Leadership Characteristics:

Personality Traits:

Ability to Work under Pressure:

General Comments/ Recommendation:

Name: _____ Title: _____

Signature: _____ Date: _____

**PLEASE RETURN THIS COMPLETED FORM AND A CURRENT TRANSCRIPT TO THE
APPLICANT SO THAT IT MAY BE SUBMITTED TO THE OFFICE OF CONGRESSMAN
JAMES R. LANGEVIN BY OCTOBER 31.**