

**U.S. REP. JAN SCHAKOWSKY
CHICAGO DISTRICT OFFICE
5533 N. BROADWAY, SUITE 2
CHICAGO, IL 60640**

SERVICE ACADEMY RECOMMENDATION FORM

This form must be completed by either the Principal or the Guidance
Counselor of the School, which applicant attends.

NAME OF
APPLICANT: _____

ADDRESS OF
APPLICANT: _____

ADDRESS OF
SCHOOL: _____

TELEPHONE NUMBER: _____

APPLICANT'S YEAR IN SCHOOL _____

NUMERICAL JUNIOR YEAR CLASS RANK: _____

G.P.A. _____

SAT SCORES: Verbal _____ Math: _____

ACT SCORES: Verbal _____ Math: _____

LEADERSHIP
CHARACTERISTICS: _____

PERSONALITY
TRAITS: _____

ABILITY TO WORK UNDER
PRESSURE: _____

ABILITY TO GET ALONG WITH
OTHERS: _____

LIST OF SCHOOL ACTIVITIES IN WHICH APPLICANT
PARTICIPATES: _____

GENERAL COMMENTS/RECOMMENDATIONS (Your comments are most helpful, so please
complete this section)

DATE: _____ SIGNATURE _____

POSITION: _____

**PLEASE SEND THIS FORM AND A TRANSCRIPT SHOWING FINAL JUNIOR
GRADES.**