



**Academy Recommendation Form**

From the office of Congressman David R. Obey  
401 5th Street, Suite 406A  
Wausau, WI 54403

(Please type or print)

Name of Applicant: \_\_\_\_\_  
Last First Middle

How well do you know applicant: \_\_\_\_\_

Leadership Characteristics: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

Ability to work under pressure: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Participation in school activities: \_\_\_\_\_

Participation in outside activities: \_\_\_\_\_

General Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name (Please type or print): \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street City/State Zip Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is provided for your convenience. If you wish to write a letter, you may do so. Please send this form or a letter to my Wausau office at the address listed on the top of this form.**

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Last First Middle

How well do you know applicant: \_\_\_\_\_

Leadership Characteristics: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

Ability to work under pressure: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Participation in school activities: \_\_\_\_\_

Participation in outside activities: \_\_\_\_\_

General Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Your Name (Please type or print): \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street City/State Zip Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is provided for your convenience. If you wish to write a letter, you may do so. Please send this form or a letter to my Wausau office at the address listed on the top of this form.**

**Principal or Guidance Counselor Recommendation Form**

From the office of Congressman David R. Obey  
401 5th Street, Suite 406A  
Wausau, WI 54403

(Please type or print)

**Name of Applicant:**

\_\_\_\_\_  
Last First Middle

**Address of Applicant:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZipCode County

**School Information:**

\_\_\_\_\_  
Name of School Street

\_\_\_\_\_  
City State Zip Code County

Applicant's expected date of Graduation: \_\_\_\_\_

Rank in Class: \_\_\_\_\_

Leadership Characteristics: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

Ability to work under pressure: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Participation in school activities: \_\_\_\_\_

Outside activities: \_\_\_\_\_

General Comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Please type or print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip Code

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send this form and a transcript of the applicant's grades to my Wausau office at the address listed on the top of the form.**