

Academic Recommendation

PLEASE NOTE: This form must be completed by a high school guidance counselor or principal. Completion of this form is a requirement for nomination consideration. **Postmark deadline is September 30, 2008.**

Full Name of Applic	cant:							
(Last)			(First)	(Middle)			
Name of High School:				School Phone:/				
Address of School:				Applicant's SS#				
						_		
	(City)	(City) (State) (Applicant's Yr. in School:				
			(Zip)					
Please rate the cand	idate in the followi	ng areas:						
				Excellent	Good	Fair	Poor	
Ability to Work Wel								
Leadership Qualitie								
Ability to Handle St	ress							
Personality Traits	-•							
Ability to Take Criti		lity oto \						
Overall Rating	ndance, Punctua	lity, etc.)						
Overall Ratility			l			I	l	
Unweighted GPA	A: Wei	ghted GPA:						
Honors Classes:	(Y/N) A	AP Classes: (Y	/N)	IB Progr	ram: ((Y/N)		
SAT Scores: Cr	ritical Reading	Math	_					
ACT Scores: Ve	erbal	Math						
Numerical Class	Rank/Size:	/ (REQUIRED	Informati	ON. PLEASE EST	IMATE IF NECES	SSARY.)		
General Comments	:							
Date:	Signature:				Title: _			

Thank you for taking the time to complete this form. Please mail this form with a school transcript and ACT and/or SAT scores to our office. Please feel free to contact us should you have any questions.

Office of U.S. Senator Mel Martinez Attention: Service Academy Coordinator 315 East Robinson Street, Suite 475 Orlando, Florida 32801