

ACADEMY NOMINATION COUNSELOR EVALUATION

APPLICANT INSTRUCTIONS:

Please complete this form and provide it to your Counselor or Principal so they may complete the Counselor Evaluation.

Name of Student: Last _____ First _____ MI _____

Date of Birth: _____ School Name: _____

COUNSELOR INSTRUCTIONS:

Please complete the online Counselor Evaluation accessible here:

*<http://tomudall.senate.gov/academy>. You will need to enter the above information in the online questionnaire. **All counselor evaluations must be received by our office no later than October 12, 2012.***