

ACADEMY APPLICANT RECOMMENDATION FORM

Applicant Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	First Name	Middle Name	Last Name
<input type="text"/>			
Suffix			

Your Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix	First Name	Last Name	Suffix

Your Address: *

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	<input type="text"/>
Postal / Zip Code	Country

Your E-mail: *

<input type="text"/>

Your Phone Number: *

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

Your Relationship to the applicant? *

<input type="text"/>

How long have you known the applicant? *

<input type="text"/>

Please indicate your evaluation of the Applicant in each of the following areas. PLEASE CHECK ONLY ONE FOR EACH AREA *

	Excellent	Outstanding	Above Average	Average	Below Average
Ability to perform in a “pressured” environment:					
Motivation/expression of interest in a military career:					
Ability to initiate and complete a task without guidance:					
Leadership qualities as exhibited by school participation:					
Respect and tolerance for authority:					
Impression of student as “well rounded”:					
Competitiveness:					

I understand this reference is confidential and that the information provided herein will not be released to anyone outside the Office of U.S. Senator Cory Gardner, with the exception of the Senator’s designates for the sole purpose of this review process.

E- Signature *

Prefix

First Name

Last Name

Suffix