U.S. REPRESENTATIVE MIKE COFFMAN
SERVICE ACADEMY NOMINATION APPLICATION

Applicant Recommendation Form

Applicant Name and Signature: *To be completed by applicant*

Last Name _____ First Name _____ Middle Initial _____

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

Signature of Applicant _____

Recommender Name: *To be completed by recommender*

Last Name _____ First Name _____

Please indicate your evaluation of the applicant in each of the following areas
please circle only one for each area

5 = Excellent 4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average

Ability to perform in a "pressured" environment	5	4	3	2	1
Motivation/expression of interest in a military career	5	4	3	2	1
Ability to initiate and complete a task without guidance	5	4	3	2	1
Leadership qualities as exhibited by school participation	5	4	3	2	1
Respect and tolerance for authority	5	4	3	2	1
Impression of student as "well rounded"	5	4	3	2	1
Competitiveness	5	4	3	2	1

COMMENTS: If you have any comments that you feel will aid us in evaluating the applicant as a prospective nominee, please write them on the back of this sheet or attach a separate sheet.

Signature of Recommender _____ Date _____

School/Organization _____ Title _____