

PRINCIPAL OR GUIDANCE COUNSELOR RECOMMENDATION FOR SENATOR CRAPO

Please complete this form and return it to the student in a sealed envelope to be included in their application packet.

Name of Applicant: _____

Leadership Characteristics:

Personality Traits:

Ability to work under pressure:

Ability to get along with others:

General comments or recommendations:

School: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____

Name and Title: _____

Thank you for assisting in the academy application process. The person completing this form should not write one of the letters of recommendation required.