

U.S Congressman Robert L. Turner

United States Service Academy Recommendation Form

To be completed by Applicant’s counselor, teacher, principal, employer, minister, rabbi, priest or coach

NAME OF APPLICANT _____

NAME OF SCHOOL _____ PHONE _____

YOUR RELATIONSHIP TO APPLICANT _____

Your comments will be kept confidential. Please evaluate your student by filling out the following information ranking the student as compared to all other college bound students you have observed.

Rank 1-5, 5 being the superior and 1 being needs improvement

- 1. Ability to work under pressure _____
- 2. Maturity _____
- 3. Ability to work with others _____
- 4. Ability to lead _____
- 5. Competitiveness _____
- 6. Ability to finish task unsupervised _____
- 7. Willingness to follow and listen to instructions _____
- 8. Self- disciplined _____

What words best describe the student’s work ethic? _____

What are the student’s strengths? _____

What are the student’s weaknesses? _____

GENERAL COMMENTS: **Please attach a brief statement** about the student, noting any circumstances or conditions that might enhance or impair this student’s performance at an academy.

SIGNATURE _____ Date _____

PRINT NAME _____ TITLE _____

Completed applications are due in either of the Congressman’s offices on or before October 31st, 2012

Congressman Robert L. Turner, 82-20A Eliot Ave., Middle Village, NY 11379

Congressman Robert L. Turner, 1733 Sheepshead Bay Road, #47, Brooklyn, NY 11235