



HIGH SCHOOL GUIDANCE COUNSELOR EVALUATION FORM

APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMIES
CONGRESSMAN JOHN KLINE – MINNESOTA SECOND CONGRESSIONAL DISTRICT

PLEASE HAVE HIGH SCHOOL COUNSELOR COMPLETE AND SIGN.

Student's Full Name: _____
Last Name First Name Middle Name

Counselor's Name: _____

ACT					
	English	Math	Reading	Science	Composite Score

SAT		
	Verbal	Math

Academics		
	GPA	Class Rank

Signature: _____ Date: _____

THANK YOU
