

This form must be received by a specific date. Please call 505-346-6601 to confirm that date.
Mail completed evaluation to the following address:

Office of Senator Jeff Bingaman
Attn: Academy Nominations
625 Silver SW, Suite 130
Albuquerque, NM 87102

COUNSELOR EVALUATION

Applicants name: _____
(First) (Middle) (Last)

Applicants Graduation Year: _____ Class Size: _____ Rank*: _____ GPA: _____

Standardized Tests: (give the highest score attained in each category)

ACT: English _____ Mathematics _____ Reading _____ Science Reasoning _____ Composite _____
SAT: Verbal _____ Mathematics _____

Leadership Characteristics: _____

Personality Traits: _____

Ability to work under pressure: _____

Ability to get along with others: _____

School activities and offices held: _____

Additional comments and recommendations: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____
High School: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Alternate Number: _____