



U.S. Congressman Randy Weber

14th Congressional District, Texas

2021 U.S. SERVICE ACADEMY PERSONAL EVALUATION FORM

APPLICATION DEADLINE: 15 OCTOBER 2021



NAME OF APPLICANT

<i>FIRST</i>	<i>MIDDLE</i>	<i>LAST</i>

How long have you known the applicant, and in what capacity?

The person named above is applying for a nomination to a U.S. Service Academy. The service academies provide a first-rate college education to exemplary young men and women leading to their commissioning as officers in the U.S. Armed Forces upon graduation. By law, all admissions materials must be shown to the student upon request.

Please evaluate the applicant by putting an "X" in the box that best describes the student's performance in that area as compared to all other college bound students you have observed (i.e., "In this category, does this applicant rank in the top 1%, top 5%, top 10%, top 25%, or top 50% of all college bound applicants I have observed?")

	BOTTOM	50%	25%	10%	5%	1%	TOP
Ability to Work Under Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work With Others	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Lead Others	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitiveness	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Adapt to New Situations	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Finish Tasks Unsupervised	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Take Instructions	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: Please note any circumstances or conditions that might enhance or impair this applicant's performance at an academy (Use the backside of this paper, if necessary)

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<i>NAME (Print)</i>	<i>TITLE</i>
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<i>ORGANIZATION NAME and ADDRESS</i>	<i>E-MAIL ADDRESS</i>	<i>PHONE #</i>
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<i>SIGNATURE</i>	<i>DATE</i>
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- This completed Personal Evaluation Form **MUST** accompany your Letter of Recommendation
- Please place both into an envelope, seal, and write your signature across the flap
- Return the sealed envelope to the applicant for inclusion in his/her application packet