

## HIGH SCHOOL EVALUATION FORM

This form must be completed by the high school principal, head of school, or guidance counselor for the candidate applying for a congressional nomination.

Applicant's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, state, and zip code)

Applicant's year in school: \_\_\_\_\_ Numerical Jr. Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_

Leadership Characteristics: \_\_\_\_\_

\_\_\_\_\_

Personality Traits: \_\_\_\_\_

\_\_\_\_\_

Ability to work under pressure: \_\_\_\_\_

\_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal/Head or Counselor's name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title