This form must be received by a specific date. Please call 505-988-6647 to confirm that date.
Mail completed evaluation to the following address:

Office of Senator Jeff Bingaman
Attn: Academy Nominations
119 E. Marcy, Suite 101
Santa Fe, New Mexico 87501

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: _____