

**ACADEMY NOMINATION RECOMMENDATION FORM  
OFFICE OF SENATOR MIKE LEE**

To be completed by high school principal or guidance counselor, and returned to the address below.  
**PRINT OR TYPE**

Senator Michael Lee ❖ Attn: Academy Nominations  
125 S State Street, Suite 4225 ❖ Salt Lake City, UT 84138  
(801) 524-5933

NAME OF ACADEMY APPLICANT \_\_\_\_\_  
First Middle Last

NAME OF SCHOOL \_\_\_\_\_

LEADERSHIP CHARACTERISTICS \_\_\_\_\_

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OUTSTANDING PERSONALITY TRAITS \_\_\_\_\_

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ABILITY TO WORK UNDER PRESSURE \_\_\_\_\_

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ABILITY TO GET ALONG WITH OTHERS \_\_\_\_\_

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DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRINT NAME & TITLE \_\_\_\_\_