



Name of Golf Team Coach: _____

USGA handicap index or average score for 9 Holes: ____ 18 Holes: ____

Membership in an SJGA affiliated club: ____ Yes ____ No

Name of club: _____

Name of college / university to which you've been accepted and plan to attend: _____

OR

Name of college / university to which you've applied and been wait-listed:

Name your three choices that will be writing your recommendations:

Golf Team Coach _____

Telephone number: (____ ____) ____ - ____

E-mail address _____

******* Guidance Counselor:** _____

(Must be one of three references and stress academics)

Telephone Number: _____

E-mail address: _____



Volunteerism / Community Service Mentor/Leader:

Telephone Number (____ __ __) _____ - _____

E -mail address: _____

4th person: (optional)

Telephone Number: (____ __ __) _____ - _____

E -mail address _____

DECLARATION: *Must Sign Below*

I attest that all information provided in this application is true and accurate.

Signature

Date

Deadline: Postmarked no later than Thursday, April 13rd, 2017
Note! No Exceptions



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