



PGA
Golf Management

EASTERN KENTUCKY UNIVERSITY

PGA Golf Management Program Admission Application Form

Complete and mail this form to:

PGA Golf Management
Eastern Kentucky University
521 Lancaster Avenue, BTC 084
Richmond, KY 40475
Phone: 859-622-4976

Social Security Number: _____ - _____ - _____

Student name: _____
Last First Middle

Permanent Address:

Street Address City State Zip Code

County Home Telephone Cell Phone

Date of Birth: _____ E-mail Address: _____
Month-Day-Year

Gender (circle one): Male Female

Name of Parent, Guardian, or Spouse

Name: _____

Street Address City State Zip Code

High School:

Name Graduation: Month Year

Street Address City State Zip Code

ACT/SAT Score: _____ High School GPA _____ USGA Handicap _____ Competitive Scoring Average _____

List any colleges or universities you have attended _____

Have you applied for admission to Eastern Kentucky University (circle one) Yes No

I am planning a campus visit _____
Provide date or expected time frame in which you plan to visit

Please call for an appointment to visit our campus. Send application along with the required paperwork for admission to the PGA Golf Management program. We look forward to visiting with you.

Applicant Signature _____

Date _____



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Handicap Verification Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Handicap _____

_____ Date _____

Student Signature

PGA Professional _____

(Please Print Name & Title)

Phone _____ E-Mail _____

_____ Date _____

Signature Confirms Handicap

Please complete the following if an attempt at the PGA Playing Ability Test has been made.

Date _____ Score _____

Facility Name _____

City, State _____

Host PGA Professional _____