



INDIANA GOLF FOUNDATION

Academic Evaluation

P.O. Box 516 · Franklin, IN 46131 · P: (317) 738-9696 · F: (317) 738-9436

www.indianagolf.org

Applicant Information:

Applicant's Name _____

Home Address _____

City _____ State _____ Zip _____

High School _____ Graduation Date _____

This section for the Indiana Golf Foundation and/or David E. Simon Scholarship should be completed by the school counselor or principal. All responses will be kept confidential.

Overall GPA: _____ / _____
weighted/scale unweighted/scale

Rank in class: _____ / _____
(if available) Highest is 1/No. in class

Please rate the applicant on the following:

Conduct and appearance:

Superior Excellent Good Average Poor

Character and reputation:

Superior Excellent Good Average Poor

Ability to balance academics and extracurricular activities:

Superior Excellent Good Average Poor

Overall contribution to the school:

Superior Excellent Good Average Poor

Required letter of recommendation: On school letterhead, please comment on the applicant's overall academic performance, contributions to the school, and any other information you feel should be considered in reviewing this application.

Name _____ Title _____

Email _____ Work Phone _____

Signature

Date