



# INDIANA GOLF FOUNDATION

## Employment Evaluation

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

[www.indianagolf.org](http://www.indianagolf.org)

### Applicant Information:

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This section for the David E. Simon Scholarship should be completed by the golf facility's PGA Professional or the applicant's supervisor. All responses will be kept confidential.

How long has the applicant worked for you? \_\_\_\_\_

How many hours does he or she work (on average) during the golf season? \_\_\_\_\_

Please describe the applicant's position and duties at your facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please rate the applicant on the following:

Conduct and appearance:

Superior     Excellent     Good     Average     Poor

Character and reputation:

Superior     Excellent     Good     Average     Poor

Reliability and work ethic:

Superior     Excellent     Good     Average     Poor

Overall commitment to the facility:

Superior     Excellent     Good     Average     Poor

Name \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Required letter of recommendation:** On facility letterhead, please discuss the applicant's job performance, contributions to your facility, and any other information you feel should be considered in reviewing this application.

\_\_\_\_\_  
Signature  
PGA Professional or Supervisor

\_\_\_\_\_  
Print Name