

6884561
WOMEN'S GOLF
285 N STADIUM DRIVE
1 UNIVERSITY OF ARKANSAS
FAYETTEVILLE AR 72701-9980

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BUSINESS REPLY MAIL

NO POSTAGE
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UNITED STATES

Tape bottom, left and right sides before mailing survey.



PERSONAL INFORMATION (Please send a copy of your transcript as well)

Name _____ Age _____ Birthdate _____ Ht. _____
(Last) (First) (M.I.)
Home Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____
Father's Name _____ Occupation _____
Schools father attended _____
Mother's Name _____ Occupation _____
Schools mother attended _____
Do you have any brothers and sisters? If yes, please complete:
Names: _____ Ages: _____ Schools Attended: _____

ACADEMIC INFORMATION

High School/Junior College _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____
Graduation Date _____ Present Status (check one) FR _____ SO _____ JR _____ SR _____
Grade Point Average (GPA) _____ Class Rank _____ ACT/SAT Score _____
Guidance Counselor _____ Phone (____) _____
Anticipated Major/Interest _____

ATHLETIC INFORMATION

High School Coach's Name: _____ Wk No. (____) _____ Cell No. (____) _____
Home Golf Course: _____
Professional's Name: _____ Phone No. (____) _____
Golf Instructor's Name: _____ Phone No. (____) _____
Competitive Stroke Average: _____ Competitive Putting Average: _____
Other sports in which you have lettered: _____
Are you affiliated with the American Junior Golf Association? _____

ADDITIONAL INFORMATION

List all the tournaments you have competed in this past year and include scores and finishes:
Tournament Name (Yardage; Score; Finish) _____

List names of relative and friends who have attended Arkansas _____

What will you be looking for in a college golf program? (ie: Location, Academics, Major, Team Schedule, Facilities, Players on the Team, Quality of the Team and Coaches): _____

List in order the top five schools you are considering and would like to visit: _____

