



PGA
Golf Management

Email or Mail this completed form to:

ross.lingenfelder@eku.edu

OR

PGA Golf Management
Business & Technology 084
Eastern Kentucky University
521 Lancaster Ave
Richmond, KY 40475

PGA Golf Management Program Admission Application

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 (check one): Male Female

Name of Parents, Guardians, 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 (check 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 _____