

**TURF STUDENT RECOMMENDATION  
TEACHER OR ADVISOR REPORT  
\*\*(THIS SECTION IS ONLY USED FOR TURF STUDENTS)**

Candidate: \_\_\_\_\_  
(Candidate: Type or print your name here)

Home Address: \_\_\_\_\_  
(Print or Type)      Number & Street      City & State      Zip Code

**This report should be made by the principal or advisor designated by the candidate.  
Please mail this completed report to the address at the bottom of this form.**

**RECOMMENDATIONS MUST BE SUBMITTED BY June 1, 2020**

How well does this applicant work independently? \_\_\_\_\_

Does the applicant have well-defined objectives? \_\_\_\_\_

Does the applicant exhibit leadership qualities? \_\_\_\_\_

Has the applicant been a superior, good, indifferent, or poor citizen of the school? \_\_\_\_\_

Does the applicant intend to pursue golf course management as a career? \_\_\_\_\_

Have there been factors of health or home conditions which have affected his/her schoolwork that should be taken into consideration in reviewing this application? \_\_\_\_\_

In your opinion, what kind of scholastic record should this student make at a university?  
\_\_\_\_\_ Superior      \_\_\_\_\_ Good      \_\_\_\_\_ Average      \_\_\_\_\_ Poor

How would you rate the applicant? \_\_\_\_\_ in a class of \_\_\_\_\_  
(Highest is 1)      (Number in class)

Comments: \_\_\_\_\_

\_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ recommend that this student be granted a scholarship.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

**TURF STUDENT RECOMMENDATION**  
**Golf Course Superintendent Report**  
**(ONLY USED FOR TURF STUDENT)**

Candidate: \_\_\_\_\_  
(Candidate: Type or print your name here)

Home Address: \_\_\_\_\_  
(Print or Type)      Number & Street      City & State      Zip Code

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**CHARACTER AND PERSONALITY RATINGS**

	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2%)
Motivation	_____	_____	_____	_____	_____
Creative Qualities	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____
Growth Potential	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____

Candidate: \_\_\_\_\_  
(Candidate: Type or print your name here)

**CHARACTER AND PERSONALITY RATINGS**

	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2%)
Reaction to Setbacks	_____	_____	_____	_____	_____
Personal Initiative	_____	_____	_____	_____	_____
Summary Statement:	_____				

Would this person, in your opinion be a positive influence on the profession as a golf course superintendent? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GCSAA Member # (if applicable) \_\_\_\_\_

- End -