

## **WGA CADDIE ACADEMY APPLICATION**

## HIGH SCHOOL EVALUATION



(Confidential)

Candi	date: TYPE or PRINT CLE	ARLY this section. Then subr	nit to your high school for cor	npletion.	
Applicant's Name:First		Middle	Lasi		
Home Address:Number and Stre	et	City	Stat	te Zip Code	
High School:			Yea	or of Graduation:	
This section of the application for the Cadd will be kept confidential. (Please include higher applicant's high school transcript and the Dne Briar Road, Golf, IL 60029. Supporting	gh school profile, if ava ne required high schoo	ailable.) Please complete I letter of recommendation	and email to wgacaddiead on in a large (9" x 12") enve	cademy@wgaesf.org or mail unfolo elope to: WGA Caddie Academy Co	ded with
Overall GPA:/	/veighted/scale	Rank in Class:	1/No. in class		
Rate the applicant's conduct and appeara	nce.				
Superior	Excellent	Good	Average	Poor	
Rate the applicant's character and reputa	tion for integrity.				
Superior	Excellent	Good	Average	Poor	
Rate the applicant's ability to define and	achieve goals and obje	ectives.			
Superior	Excellent	Good	Average	Poor	
Rate the applicant's overall contribution t	o the school.				
Superior	Excellent	Good	Average	Poor	
Rate the applicant's academic performant	ce.				
Superior	Excellent	Good	Average	Poor	
In summary, please ind	icate the overall level	of recommendation you v	vish to give this applicant	for the Caddie Academy.	
☐ Highest recommendation	Recommend highly	Recommend	Recommend with reservations	Do not recommend	
Required high school letter of recommend Include special recognition received a applicant's school work and should be tall	nd/or disciplinary a	ction taken. Also include	health and home conditions		
Name:		Title: _			
Telephone Number:		Email:			

Signature: \_\_\_\_\_ Date: \_\_\_