

# Augusta State Women's Basketball Questionnaire



Name \_\_\_\_\_ Month and Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Clearinghouse Y \_\_\_\_\_ N \_\_\_\_\_ Number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ E-mail: \_\_\_\_\_

## ACADEMIC INFORMATION

High School/Prep School/Junior College \_\_\_\_\_

School Address \_\_\_\_\_

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

Degree desired in college \_\_\_\_\_

Grade point average \_\_\_\_\_ SAT \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_ ACT \_\_\_\_\_

AP/Honors/Classes Taken \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Office Phone \_\_\_\_\_

## BASKETBALL INFORMATION

Position \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Scoring average \_\_\_\_\_ Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Rebounding/Assist average \_\_\_\_\_ Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Name of High School Head Coach \_\_\_\_\_ E-mail: \_\_\_\_\_

Office phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## PERSONAL INFORMATION

Personal Reference (teacher, pastor, manager, etc.) \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail: \_\_\_\_\_

Most influential people in your life \_\_\_\_\_

Alumni or students at Augusta State University you know \_\_\_\_\_

Other schools you are being recruited by or interested in \_\_\_\_\_

**E-mail, fax or send completed form to Head Women's Basketball Coach ❖ Fax: 706-729-2445 ❖  
Mailing address: ASU Women's Basketball: 2500 Walton Way, Augusta, GA 30904**