

Augusta State Women's Tennis Questionnaire



PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ SSN _____

Name of Parent or Guardian _____

E-mail Address _____

ACADEMIC INFORMATION

School _____

School Address _____

City _____ State _____ Zip _____

Date of Graduation (year) _____ Degree desired in college _____

Grade point average _____ College Board results (SAT) _____

ACT Score (if applicable) _____

Guidance Counselor _____ Office Phone _____

TENNIS INFORMATION

USTA District Rankings/Year _____

USTA Sectional Rankings/Year _____

USTA National Rankings/Year _____

List your greatest accomplishment derived from playing tennis _____

What are your personal goals for college (tennis and non-tennis) _____

What are your personal strengths (tennis and non-tennis) _____

Print This Form Out and Fax to Women's Tennis Coach Michael McGrath at 706-737-1782