

SOUTH CAROLINA STATE UNIVERSITY
WOMEN'S BASKETBALL QUESTIONNAIRE

PERSONAL:

FULL NAME _____ HOME PH. (____) _____ Cell PH. _____

ADDRESS _____ City/State _____

DOB: ____ - ____ - ____ E-MAIL ADDRESS _____

FATHER'S NAME _____ BUS. PH (____) _____

MOTHER'S NAME _____ BUS. PH (____) _____

SIBLING & THEIR AGES _____

HOBBIES/INTERESTS _____

FRIENDS/RELATIVES TEACHERS WHO SCSU ALUMNI _____

ACADEMICS:

HIGH SCHOOL _____ PHONE (____) _____

ADDRESS _____ GUIDANCE COUNSELOR _____

GPA ____ CLASS RANK ____ OUT OF ____ GRADUATION DATE: _____

BEST SCORES: SAT (Math) _____ (Verbal) _____

ACT (Sum Score) _____

EXPECTED MAJOR AT SCSU _____

COLLEGE(S) ATTENDED:

1. _____ WHEN _____ HRS. PASSED W/ C OR BETTER _____

2. _____ WHEN _____ HRS. PASSED W/ C OR BETTER _____

ATHLETICS:

POSITION _____ HEIGHT _____ WEIGHT _____

AVERAGES: POINTS _____ REBOUNDS _____ STEALS _____ ASSISTS _____

HIGH SCHOOL COACH _____

COACH'S HOME PH. _____ WORK PH. _____

AAU COACH _____ AAU COACH PH. _____

DO YOU HAVE GAME TAPES AVAILABLE? _____

ATHLETIC HONORS _____

ACADEMIC HONORS _____

ARE YOU REGISTERED WITH THE NCAA CLEARINGHOUSE? _____ PIN# _____

IF NOT PLEASE REQUEST REGISTRATION INFORMATION FROM YOUR GUIDANCE COUNSELOR.

TRANSCRIPT RELEASE STATEMENT: I give South Carolina State permission to view and possess my High School transcript and Test scores.

SIGNATURE OF STUDENT-ATHLETE

SIGNATURE OF PARENT OR GUARDIAN (IF STUDENT IS UNDER 18)

*South Carolina State University
Women's Basketball Office
300 College St.
Orangeburg, SC 29117*