



Saint Paul's College Student Athlete Questionnaire

If you are interested in competing in intercollegiate athletics at Saint Paul's College please complete the following form and submit it to the athletic department. This form is **NOT** an official university application.

Name: _____ Social Security #: _____

Date of Birth: _____ Address: _____

City: _____ State/Zip: _____

Home: _____

Phone: _____ Parents/Guardians: _____

School: _____ Address: _____

City/State/Zip: _____ School Phone : _____

Coaches Name: _____ Office Phone: _____

Graduation Date: _____ E-mail address: _____

High School Rank: _____ Academic Area of Interest: _____

Current Grade Point Avg.: _____ SAT/ACT Score: _____

Core Courses: Yes _____ No _____ Video Tape Available? Yes _____ No _____

School Counselor: _____ Office Phone: _____

Height: _____ Weight: _____ Sport(s) Participated In: _____

Sport(s) Interest: Please Circle Sport(s) Of Interest

Women's: Basketball Bowling Softball Tennis Volleyball Indoor/Outdoor Track & Field Cross Country Cheerleading Golf

Men's: Basketball Baseball Football Indoor/Outdoor Track & Field Tennis Golf Cross Country

Have you submitted your Student Release Form to the NCAA

Clearinghouse? Yes _____ No _____

Special Awards or Honors: _____
