



Saint Paul's College Women's Basketball

(Please print in pen or type)

PERSONAL INFORMATION

Name _____
(LAST) (FIRST) (M.I.)

Address _____ City _____ ST _____ Zip _____

Home telephone # (____) _____ DOB __ \ \ \ S.S.N ____ - ____ - ____

E-mail Address: _____

Father's Name _____ Alma Mater _____
(LAST) (FIRST)

Father's Occupation _____ Employer _____ Work phone _____

Mother's Name _____ Alma Mater _____
(LAST) (FIRST)

Mother's Occupation _____ Employer _____ Work phone _____

Guardian's Name _____ Alma Mater _____
(LAST) (FIRST)

Guardian's Occupation _____ Employer _____ Work phone _____

Names of sisters, brothers or children and their ages:

ACADEMIC INFORMATION

Name of __ High School __ Junior College __ College currently attending:

Address _____ City _____ ST _____ Zip _____

School Phone # _____ Academic Counselor _____ GPA _____

Class Rank/ Class Size ____ / ____ ACT Score ____ Date Taken _____

Month/ YR of Graduation \ \ Intended College Major _____

Have you applied with NCAA Clearing House? __ Yes __ NO if yes, date applied _____

ATHLETIC INFORMATION

Height _____ **Weight** _____ **Position** _____

Points per game _____ **Rebounds** _____ **Assists** _____ **Steals** _____

Favorite Athlete and why:

Name of high school/ Jr. College coach _____

Coach's home Phone Number _____

Name of AAU team and coach _____

Coach's home Phone Number _____

Athletic Honors you have received:

Other Varsity sports you currently participate in:

Please list any medical problems and injuries:

Please complete this questionnaire and mail or fax promptly to:

Saint Paul's College

Attn: Serena King-Coleman

Head Women's Basketball Coach

115 College Drive, Lawrenceville, VA 23868

Phone: (434) 848-1832

Fax: (434) 848-1833