



# ALCORN STATE UNIVERSITY

## Women's Soccer QUESTIONNAIRE

### GENERAL INFORMATION

**Name** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

Last First Middle Initial

**Address** \_\_\_\_\_

Street City State Zip

**Mother/Guardian** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Bus. Phone ( )** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Bus. Phone ( )** \_\_\_\_\_

**Siblings (Age)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date you will graduate from high school: Month** \_\_\_\_\_ **Year** \_\_\_\_\_

### ACADEMIC INFORMATION

**Name of High School** \_\_\_\_\_ **Guidance Counselor** \_\_\_\_\_

**S.A.T Scores: V** \_\_\_\_\_ **M** \_\_\_\_\_ **ACT Score:** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ / \_\_\_\_\_

**Academic Awards & Achievements** \_\_\_\_\_

### ATHLETIC INFORMATION

**Height:** \_\_\_\_\_ **Years of Soccer** \_\_\_\_\_ **Varsity Letters** \_\_\_\_\_

**Position(s) Played:** \_\_\_\_\_

**Athletic Awards & Achievements** \_\_\_\_\_

**Coach's Name** \_\_\_\_\_ **Home Phone ( )** \_\_\_\_\_ **Office Phone ( )** \_\_\_\_\_

### PLEASE RETURN TO

Office of Sports Information, Alcorn State University, 1000 ASU, Box 510, Alcorn State, MS 39096

601-877-6466