



ALCORN STATE UNIVERSITY

Softball 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 & Acheivements _____

ATHLETIC INFORMATION

Height: _____ **Weight:** _____ **Bat (R, L, or switch)** _____ **Throw (R or L)** _____

Position(s) Played _____

Athletic Awards & Acheivements _____

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