Helen Higgs
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Women's Basketball
Athletics Questionnaire

GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number & Street City State ZIP

Phone number: (_____) _____ Birthdate: _____ /_____ /_____

Athlete's e-mail address: _____

Other sports you wish to participate in at the university level: _____

ACADEMIC INFORMATION

High school: _____
Name City State ZIP

High-school graduation date: _____ / _____ SAT/ACT score: _____ High-school GPA: _____
Month Year

College/university attended: _____

College/university GPA: _____ Received A.A. degree? _____

Possible major: _____

ATHLETIC INFORMATION

H.S. coach's name: _____ H.S. coach's e-mail address: _____

Work phone: (_____)_____ Home phone: (_____) _____

Coach's name: _____

Work phone: (_____)_____ Home phone: (_____)_____

Coach's e-mail address: _____ Athlete's Height: _____ Weight: _____

Position: _____ Years of playing basketball: Varsity _____ J.V. _____ Other _____

Point average: _____ Rebound average: _____ Assist average: _____ Are videotapes available? ❑ Yes ❑ No

Team accomplishments: _____

Individual accomplishments: _____

What information would you like to receive from us? _____

Other schools that have contacted you: _____

Other sports/activities participated in: _____

OTHER INFORMATION

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

List any friends or family who have attended Whitworth, and your relationship to them: _____

_____

Other information you would like us to have: _____

_____

Interest level in Whitworth: ❑ High ❑ Medium ❑ Low