



# WINTHROP Tennis



## QUESTIONNAIRE

### Personal Information

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Friends/Relatives Who Are Winthrop Alumni or Students \_\_\_\_\_

### Academic Information

High School \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Guidance Counselor \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_  
 Graduation Date \_\_\_\_\_ Best Score on SAT: M \_\_\_\_\_ V \_\_\_\_\_  
 ACT: \_\_\_\_\_

College(s) attended

1) \_\_\_\_\_ Dates \_\_\_\_\_ Hrs. Completed with "C" or better \_\_\_\_\_  
 GPA \_\_\_\_\_  
 2) \_\_\_\_\_ Dates \_\_\_\_\_ Hrs. Completed with "C" or better \_\_\_\_\_  
 GPA \_\_\_\_\_

Expected Major at Winthrop \_\_\_\_\_

### Athletic Information

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_  
 HS Coach \_\_\_\_\_ HS Coach Address \_\_\_\_\_  
 HS Coach Phone: Home- (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Tennis Awards & Honors \_\_\_\_\_

\*\*\*\*\*Please Send A Copy Of Your Transcript With This Questionnaire\*\*\*\*\*

Please return to: Cid Carvalho, Tennis Office, Winthrop University, Rock Hill, SC 29733.

Tennis Office: 803-323-2129, ext. 641 \*\*\*FAX Number: 803-323-2433

E-mail: carvalho@winthrop.edu