



WINTHROP Volleyball



QUESTIONNAIRE

Personal Information

Full Name: _____ Social Security No. _____
 Address: _____ Home Phone No. (____) _____
 _____ Date of Birth _____
 E-Mail _____ Checked ___Daily ___Weekly ___Monthly
 Mother's Name: _____ Business Phone (____) _____
 Father's Name: _____ Business Phone (____) _____

Academic Information

High School _____ Phone No. (____) _____
 Address _____ Guidance Counselor _____
 City, State, Zip _____ GPA _____ Class Rank _____ out of _____
 Graduation Date _____ Best Score on SAT: M____ V____ or ACT: _____
 Expected Major at Winthrop _____
 Have you registered with the NCAA Clearinghouse (Y/N) _____

College(s) attended

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

Athletic Information

Height ____ Weight ____ Position ____ Standing Reach ____ Block Touch ____ Approach Touch ____
 HS Coach _____ HS Coach Home Phone: (____) _____
 Club Jersey # ____ Club Team _____ Club Coach _____
 Club Coach Email Address _____ Club Coach Phone: (____) _____
 Club Website: _____

*****Please Send Game Skills Footage (if have not already) With This Questionnaire*****

Please return to: Sally Polhamus, Head Volleyball Coach, Winthrop University, Rock Hill, SC 29733.

E-mail: polhamuss@winthrop.edu