



WINTHROP Men's Basketball



QUESTIONNAIRE

Personal Information

Full Name: _____ Social Security No. _____
 Address: _____ Home Phone No. (____) _____
 _____ Date of Birth _____ Age _____
 Mother's Name: _____ Occupation _____
 Business Address _____ Business Phone No. (____) _____
 Father's Name: _____ Occupation _____
 Business Address _____ Business Phone No. (____) _____
 Brothers _____
 Sisters _____
 Hobbies _____
 Friends/Relatives Who Are Winthrop Alumni or Students _____

Academic Information

High School _____ Phone No. (____) _____
 Address _____ Guidance Counselor _____
 _____ GPA _____ Class Rank _____ out of _____
 Graduation Date _____ Best Score on SAT: M _____ V _____
 ACT: _____
 Expected Major at Winthrop _____

Athletic Information

Position _____ Uniform Number _____
 Height ____ Weight ____ Average Points Per Game ____ Assists Per Game ____ Steals Per Game ____
 Rebounds Per Game ____ Blocks Per Game ____ FG Pct. ____ FT Pct. ____ Career Points ____
 HS Coach _____ HS Coach Address _____
 HS Coach Home Phone: (____) _____ Work Phone (____) _____
 Other Sports You Compete In _____
 List Any Previous Injuries _____
 Basketball Awards & Honors _____

You Must Be Certified By The NCAA Clearinghouse To Be Eligible. Check With Your Guidance Counselor for Clearinghouse Forms

**Please complete and return to: Men's Basketball Office, Winthrop University, Rock Hill, SC 29733.
 (803) 323-2129 ext. 6221; FAX (803) 323-2433**