

Office use only

Sent to coach

Applied

Accepted

Anderson University Athletic Questionnaire



ANDERSON UNIVERSITY

Men's Sports: Athletic Trainer, Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Manager, Soccer, Tennis, Track

Women's Sports: Athletic Trainer, Basketball, Cheerleading, Cross Country, Golf, Manager, Soccer, Softball, Tennis, Track, Volleyball

Please type or print clearly

Name _____ SSN _____ Date _____
Last First M.I. Name Preferred

Female Male Age _____ Ht. _____ Wt. _____ Birth date ____/____/____ E-mail _____

Address _____ Phone (____) _____
Street City State ZIP

High School _____ **Year of Graduation from H.S.** _____

H.S. Address _____
Street City State ZIP

H.S. Enrollment (Total #) _____ 3-yr. H.S. 4-yr. H.S. H.S. Phone (____) _____

Transfer _____ Colleges Attended _____

Sport _____ Position _____ Best Times, Statistics or Record _____ Uniform # _____ # of varsity letters _____

Which is your strongest sport? _____

Club Team Name _____ Coach _____ Phone (____) _____

Athletic honors/awards received (all-conference, MVP, etc.) _____

Academic Interest _____ Church Affiliation _____

Class Standing: Upper 10% Upper 25% Upper 50% Lower 50% **G.P.A.** _____

Best Board Scores: SAT _____ ACT _____
Math Verbal Composite Math English Composite

Indicate your church, school, and community involvement outside of Athletics _____

Sport _____ Coach _____ Complete Address of Coach _____

Who/What interested you in Anderson University? _____

Father's Name _____ Occupation _____ Employer _____
or Guardian

Mother's Name _____ Occupation _____ Employer _____
or Guardian

Return this form to: Anderson University, Department of Athletics, 1100 E. 5th St., Anderson, IN 46012-3495
Phone: (765) 641-4400 • Fax: (765) 641-3084 • www.anderson.edu/athletics