



ALCORN STATE UNIVERSITY

Men's Basketball QUESTIONNAIRE

GENERAL INFORMATION

Name _____ **Phone ()** _____

 Last First Middle Initial

Address _____

 Street City State Zip

Mother/Guardian _____ **Occupation** _____ **Bus. Phone ()** _____

Father/Guardian _____ **Occupation** _____ **Bus. Phone ()** _____

Siblings (Age) _____ **Email:** _____

Date you will graduate from high school: Month _____ **Year** _____

ACADEMIC INFORMATION

Name of High School _____ **Guidance Counselor** _____

S.A.T Scores: V _____ **M** _____ **ACT Score:** _____ **Class Rank** _____ / _____

Academic Awards & Achievements _____

ATHLETIC INFORMATION

Height: _____ **Weight:** _____ **Scoring Avg.** _____ **Rebounding Avg.** _____ **Assists P/G** _____

Total Blocks _____ **Total Steals** _____ **Position(s) Played (circle all that apply):** _____

Athletic Awards & Achievements _____

Coach's Name _____ **Home Phone ()** _____ **Office Phone ()** _____

PLEASE RETURN TO

Office of Sports Information, Alcorn State University, 1000 ASU, Box 510, Alcorn State, MS 39096

601-877-6466