FAIRMONT STATE UNIVERSITY

GOLF QUESTIONNAIRE

_____
Year

PERSONAL

NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

E-MAIL ADDRESS _____

BIRTHDAY _____ SOCIAL SECURITY NUMBER _____

MOTHER'S/GUARDIAN NAME _____ OCCUPATION _____
First Last

MOTHER'S/GUARDIAN E-MAIL _____ WORK PHONE _____

FATHER'S/GUARDIAN NAME _____ OCCUPATION _____
First Last

FATHER'S/GUARDIAN E-MAIL _____ WORK PHONE _____

WHO DO YOU LIVE WITH? (mother, father, both, other) _____

PLEASE LIST NAMES AND POSITION (faculty, staff, alumni, athletes) OF PEOPLE YOU KNOW AT FAIRMONT STATE UNIVERSITY

_____

ACADEMIC

HIGH SCHOOL _____ HIGH SCHOOL PHONE (_____) _____

HIGH SCHOOL ADDRESS _____ CITY _____ STATE _____ ZIP _____

YEAR OF GRADUATION _____ HS GUIDANCE COUNSELOR NAME _____

OVERALL GPA _____ CLASS RANK _____ ACT SCORE _____ SAT SCORE _____

ACT COMPOSITE SCORE _____ SAT: VERBAL _____ MATH _____ DATE TAKEN _____

ACADEMIC HONORS _____

POTENTIAL COLLEGE MAJOR _____

ARE YOU REGISTERED WITH THE NCAA CLEARINGHOUSE? ❑ YES ❑ NO

IF YES, WHAT IS THE DATE OF REGISTRATION? _____ WHAT IS YOUR NCAA CLEARINGHOUSE ID? _____

LIST OTHER COLLEGES YOU ARE INTERESTED IN _____

GOLF

HS COACH'S NAME _____ PHONE _____ E-MAIL _____

HEIGHT _____ WEIGHT _____ INJURY HISTORY _____

ATHLETIC HONORS _____ FILM/TAPE AVAILABLE ❑ YES ❑ NO

CURRENT USGA HANDICAP _____ AVG. 18 HOLE SCORE _____ NUMBER OF YEARS PLAYING _____

TO WHOM IT MAY CONCERN:

I the undersigned give my permission for Fairmont State University to receive a copy of my high school transcript, this will enable Fairmont State University to be able to check on grades, class rank, core curricula, and test scores.

_____ _____
STUDENT DATE

_____ _____
PARENT/GUARDIAN DATE

GOLF OFFICE • Fairmont State University • 1201 Locust Avenue • Fairmont, WV 26554 • (304) 367-4220