LOUISBURG COLLEGE HURRICANE FOOTBALL

FOOTBALL QUESTIONNAIRE

PERSONAL INFORMATION

NAME_____ _____ **NICKNAME**_____
LAST FIRST

HOME PHONE (_____) _____ **CELL PHONE (_____)** _____ **E-MAIL**_____

ADDRESS_____ **DATE OF BIRTH**_____
STREET CITY STATE ZIP

FATHER'S NAME_____ **(COLLEGE)** _____**OCCUPATION**_____

MOTHER'S NAME_____ **(COLLEGE)** _____**OCCUPATION**_____

BROTHERS & SISTERS (AGES) _____
_____

HIGH SCHOOL INFORMATION

HIGH SCHOOL_____ **PHONE (_____)** _____
NAME CITY/STATE ZIP

HIGH SCHOOL COACH_____ **PHONE (_____)** _____

PRINCIPAL_____ **COUNSELOR**_____ **PHONE (_____)** _____

POSITION: OFF_____ **DEF**_____**SPECIALTIES** _____ **PREFERRED**_____ **HIGH SCHOOL COLORS**_____

JERSEY #_____ **HT**_____**WT**_____ **40**_____**BENCH**_____**SQUAT**_____ **CLEAN**_____

RECOGNITION ACHIEVED IN FOOTBALL_____

INJURIES_____
_____

ACADEMICS

WHAT IS YOUR APPROXIMATE GPA? _____ **CLASS RANK**_____/_____ **GRADUATION DATE** _____

HAVE YOU TAKEN THE ACT TEST? _____ **IF YES, PLEASE LIST YOUR TEST SCORE:** _____

HAVE YOU TAKEN THE SAT TEST? _____ **IF YES, PLEASE LIST YOUR TEST SCORE:** _____

HAVE YOU FILED FINANCIAL AID FORMS (FAFSA)? _____

PLEASE CHOOSE A MAJOR OF INTEREST (CIRCLE): ASSOCIATES IN GENERAL COLLEGE DEGREE /

ASSOCIATES IN GENERAL SCIENCE DEGREE / ASSOCIATES IN BUSINESS DEGREE

PLEASE RETURN TO:

JOHN D. SALA
HEAD FOOTBALL COACH
LOUISBURG COLLEGE
501 NORTH MAIN ST.
LOUISBURG, NC 27549
jsala@louisburg.edu