



Prospective Student- Athlete Questionnaire

Name: _____ Age: _____ Birthdate: _____

SS#: _____ Height: _____ Weight: _____

Home Address _____ City: _____ State: _____

Zip Code: _____ Home Telephone#: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Brothers & Sisters who live at home with you: _____

Mother's Occupation: _____ Father's Occupation: _____

Name of High School: _____ School Telephone#: _____

School Address: _____ School Coach _____

City: _____ State: _____ Zip Code: _____

School Sports: _____ Position _____

Years of Competition: _____ Honors Received _____

Graduation Date: _____

Name of Local Newspaper: _____ Letters Earned: _____

Grade Point Average: _____ PSAT: _____ SAT: _____ ACT: _____

Class Rank: _____ College Academic Interest: _____

Date: _____ Sport of Interest: _____

Mail to the attention of the respective head coach of your sport of interest:

PVAMU Athletics Department
Post Office Box 519 – Mail Stop 1500
Prairie View, Texas 77446

Please send game or highlight tape if applicable