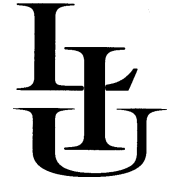


LIU Basketball Prospect Questionnaire

Long Island University • One University Plaza • Brooklyn, NY • 11201
Basketball Office Phone: 718-488-3499 • Fax: 718-780-4005



Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

E-Mail _____

Soc. Security # _____ D.O.B. _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Living with (Circle One): Mother / Father / Both / Other

Academic Information

High School/Junior College _____

School Address _____

City _____ State _____ Zip _____

School Phone _____

Class Rank _____ Out of _____

SAT Scores:

Date _____ : (V) _____ (M) _____

ACT Scores: Verbal _____ Math _____ Reading _____ Science & Reasoning _____

Date _____

G.P.A. _____ Graduation Date _____

Academic Interest _____

Guidance Counselor _____

Office Phone _____

Athletic Information

Height _____ Weight _____ Position(s) _____

Coach's Name _____ E-Mail _____

Phone (W) _____ (H) _____ (C) _____

Coach's Home Address _____ City _____ State _____ Zip _____

AAU Team _____ Coach _____

AAU Coach's Phone _____ Cell _____

Outstanding Area Opponents

Name _____ High School _____ City _____ State _____

Name _____ High School _____ City _____ State _____

Name _____ High School _____ City _____ State _____

Who will influence your college decision? 1. _____ 2. _____

Check appropriate box: Very interested Interested Not interested

**Please return questionnaire in the enclosed postage paid envelope*