

Long Island University

Women's Soccer Prospect Questionnaire

PERSONAL:

Full Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
E-mail Address: _____ Height: _____
Names of Parents or Guardians: _____
Phone: Father: _____ Mother: _____

ACADEMICS:

High School/JC now attending: _____ Graduation Date: _____
Address of HS/JC: _____ Phone: _____
HS/JC Grade Point Average: _____ Class Rank: _____
Guidance Counselor: _____ Phone: _____
SAT Score: _____ Date Taken: _____ ACT Score: _____ Date Taken: _____
University Major Desired: _____ Total Credits Completed (if JC or Transfer): _____

ATHLETICS:

Position(s): _____
Statistics--Current Season: (field players) GP _____ Goals _____ Assists _____
(goalkeepers) GP _____ Goals Against _____ Saves _____
Shutouts _____ Goals Against Average _____

Soccer Honors: _____

HS/JC Head Coach: _____ Phone: _____
Club Team: _____
Club Coach: _____ Phone: _____
ODP: District ____ State Team ____ Regional Camp ____ Regional Pool/Team ____ National Pool/Team ____

SCOUTING RECOMMENDATIONS (List players who also may be interested in attending LIU):

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

Why do you want to play at LIU? _____

Any questions you might have about LIU? _____

Please Print Questionnaire and Return To: Tracey Bartholomew, Women's Soccer Coach
Long Island University
One University Plaza
Brooklyn, NY 11201
Women's Soccer Office Phone
718-488-3496