



Mineral Area College Women's Basketball Questionnaire

Personal Information

Name: _____ Graduation Yr.: _____

Home Phone: _____ Date of Birth: _____

Parent Name: _____ Parent Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Cell: _____

Facebook Name: _____ Twitter Account: @ _____

Father's Name: _____ College Attended: _____

Phone: _____ Occupation: _____

Mother's Name: _____ College Attended: _____

Phone: _____ Occupation: _____

Academic Information

School: _____ School Size (Class): _____

School Address: _____

City: _____ State: _____ Zip: _____

GPA: _____ / _____ ACT/SAT: _____ A+(MO): YES OR NO (circle one)

Have you applied for FAFSA (Financial Aid): YES OR NO (circle one)

Other Colleges Attended: _____

College Hours at this point: _____ hours

Other Colleges I am Interested in: _____

Basketball Information

High School Coach: _____ Cell: _____

AAU Team: _____ AAU Coach's Cell: _____

Athletic Honors: _____

Height: _____ Weight: _____ Position(s): _____

This Season's Statistics: (Year: _____)

_____ PPG _____ RPG _____ APG _____ SPG

_____ FG% _____ FT% _____ 3FG% Team Record: ____ - ____

Jersey #: _____ Athletic Goals: _____

Other Sports: _____

Why I want to be a Lady Card: _____

Return to:

Mineral Area College – Women's Basketball
P.O. Box 1000
5270 Flat River Rd.
Park Hills, MO 63601
Or email to bmilfeld@mineralarea.edu

***Please attach a copy of your most up to date high school or AAU schedule and game film if you have access