

**Southern Arkansas University
Baseball Questionnaire**

NAME: _____ DATE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____

DAY PHONE: _____ CELL PHONE: _____

HIGH SCHOOL/GRAD. DATE: _____ CITY: _____

DATE OF BIRTH: _____ SSN: _____

PLANNED MAJOR: _____

NAME OF PARENT OR GUARDIAN: _____

PARENT OR GUARDIAN OCCUPATION: _____

HIGH SCHOOL AND/OR JUNIOR COLLEGE BASEBALL COACHES NAME: _____

COLLEGE(S) ATTENDED: _____

POSITION PLAYED: POSITION PREFERRED: _____

HEIGHT: _____ WEIGHT: _____ BAT: _____ THROW: _____

60 YD TIME: _____ VELOCITY: _____

OTHER SPORTS IN WHICH YOU HAVE LETTERED: _____

AWARDS AND HONORS WON: _____

GPA: _____ ACT AND/OR SAT SCORE(S): _____ CLASS RANK: _____

FINANCIAL AID INFORMATION:

HAVE YOU EVER APPLIED FOR FINANCIAL AID (PELL GRANT)? (YES/NO)

If yes, what is your EFC number on your Student Aid Report(SAR)? _____

Will you receive a non-athletic scholarship to SAU? (Yes / No)

If yes, please list type of Scholarship you are to receive:

PLEASE HAVE YOUR COACH RATE THE FOLLOWING:

THROWING ABILITY: _____

RUNNING ABILITY: _____

HITTING ABILITY: _____

FIELDING ABILITY: _____

PLEASE LIST NAMES OF ANY PROFESSIONAL SCOUTS THAT HAVE SEEN YOU PLAY. _____