



Montana Volleyball
Hoyt Athletic Complex
Adams Center
Missoula, MT 59812

Phone: (406) 529-1582
Fax: (406) 243-2264

STUDENT-ATHLETE QUESTIONNAIRE

Today's Date: _____ Graduation Year: _____ Date of Birth: _____

Name _____ Email _____

Address _____
Street City State Zip

Phone # _____ Cell Phone # _____ NCAA Eligibility # _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Siblings _____

Alma Mater of Parents/Brother/Sisters _____

ACADEMIC PROFILE

GPA _____ Approximate Rank in Class _____ Out of _____ Students

SAT Score M _____ V _____ CR _____ ACT Score _____ When did/ will you take this test _____

Academic Interests 1. _____ 2. _____

High School _____ Phone # _____

Address _____
Street City State Zip

ATHLETIC PROFILE

Height _____ Weight _____ Standing Reach _____ ft. _____ in. Approx. Jump _____ ft. _____ in.

Position currently playing in H.S. _____ Past Positions Played _____

Position Most Experienced At _____ Expected College Position _____ R or L handed _____

Current Club Name _____ Years Played for Current Club _____

Club Coach's Name _____ Office Phone _____ Home Phone _____

High School Coach _____ Office Phone _____ Home Phone _____

In what other high school sports did you compete _____

Other Schools you are considering _____

