



Virginia Swimming and Diving Prospective Student Athlete Questionnaire



Please submit the completed form by:

- Email form to uvadivecoach@earthlink.net
- Fax form to 434-982-5271
- Mail form to
Rich MacDonald, Diving Coach
Virginia Swimming & Diving
P.O. Box 400316
Charlottesville, VA 22904-4316

Personal Information

Name: _____ Date: ____/____/____
First MI Last MM DD YYYY

Date of Birth: ____/____/____ Eligibility Center ID Number: _____

Address: _____ City: _____

Country: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____

E-mail: _____ Height: ____ft. ____in. Weight: _____lbs.

Parental Information

Parents' Name: _____

Parents' Occupation: _____

Parents' College: _____

Academic Information

High School: _____

Current Year in High School: _____ Graduation Year: _____

Guidance Counselor: _____ HS Phone: _____

GPA: _____ Class Ranking: _____ (If Available)

SAT: Math: _____ Critical Reading: _____ Writing: _____

SAT2: Subject: _____ Score: _____ Subject: _____ Score: _____

Subject: _____ Score: _____ Subject: _____ Score: _____

ACT: Composite: _____ English: _____ Math: _____ Reading: _____

Writing: _____ Science: _____

AP: Subject: _____ Score: _____ Subject: _____ Score: _____
Subject: _____ Score: _____ Subject: _____ Score: _____
Subject: _____ Score: _____ Subject: _____ Score: _____
Subject: _____ Score: _____ Subject: _____ Score: _____

Academic Achievements:

Diving Coach Information

USA Diving Club: _____ USA Diving Coach: _____

USA Diving Coach Phone: _____

HS Diving Coach: _____ HS Diving Coach Phone: _____

Diving Information

1 Meter: 6 Dives: _____ 11 Dives: _____

Dive List: _____

3 Meter: 6 Dives: _____ 11 Dives: _____

Dive List: _____

Platform: 6 Dives: _____ 11 Dives: _____

Dive List: _____

Diving Achievements:

Other

Other Achievements:

Other Comments:

