

Virginia Swimming and Diving Prospective Student Athlete

Questionnaire



- Please submit the completed form by:

 Email form to uvaswimcoach@earthlink.net
 Fax form to 434-982-5271

Mark Bernardino, Head Coach Virginia Swimming & Diving P.O. Box 400316 Charlottesville, VA 22904-4316

Personal Information						
Name:	Middle	Last		Date:	/	/
Date of Birth://		nter ID Number:				
Address:			City: _			
Country: S		te:		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:			Gradu	ation Ye	ar:	
Guidance Counselor:		HS Phone:				
GPA:	Class Ranking:	(If Avai	lable)			
SAT: Math:	Critical Reading:	Wr	iting:		_	
SAT2: Subject:	Score:	Subject: _			Score:	
Subject:	Score:	Subject: _			Score:	
ACT: Composite:	English:	Math:		Re	eading:	
Writing:	Science:					

AP:	Subject:	Score:	Subject:	Score:					
	Subject:	Score:	Subject:	Score:					
	Subject:	Score:	Subject:	Score:					
	Subject:	Score:	Subject:	Score:					
Academic Achievements:									
Swim	ming Information								
USS C	lub:		USS Club Coach:						
USS C	oach Phone:								
High School Coach:			HS Coach Phone:						
Times									
Please	indicate the event and time of yo	our best races.							
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Event:	Time:		Event:	Time:					
Swimm	ning Achievements:								
Other									
Other Achievements:									
Other (Comments:								