

Framingham State College Women's Lacrosse Recruiting Questionnaire

Personal Information

Name: _____ Date of Birth*: _____
 First Middle Last Month/Date/Year

Home Address: _____
 Street City/Town State Zip Code

Mailing Address (if different): _____
 Street City/Town State Zip Code

Telephone: _____ Cell: _____ E-mail: _____

Father/Guardian: _____ Occupation: _____

Mother/Guardian: _____ Occupation: _____

Academic Information

High School: _____ Address: _____
 Street City/Town Zip

Graduation Date: _____ Guidance Counselor: _____ School Telephone: _____

GPA/Grade Average: _____ Class Rank: _____ out of _____ students.

PSAT Score: Total _____ Verbal _____ Math _____ Date Taken: _____

SAT I Score: Total _____ Verbal _____ Math _____ Essay _____ Date Taken: _____

SAT II Score(s) with Date(s) Taken: _____

Athletics Information

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

School Team: _____ Coach: _____ Coach's Telephone: _____

Honors/Awards Received: _____

Club Team: _____ Coach: _____ Coach's Telephone: _____

Women's Lacrosse

Camps/Showcases Attended and Date: _____
(limit to three most recent)

Other Organized Sports Played and Position: _____
(currently playing)

Honors/Awards Received: _____

Additional Information

Colleges you are interested in: _____
(not including FSC) _____

Where does FSC rank among your choices? _____ Do not know yet: _____

Expected college major course of study: _____ Undecided: _____

Please return completed questionnaire by mail to:

Head Coach-Women's Lacrosse
Framingham State College
100 State Street
Framingham, Ma 01701

Thank you for your interest in Rams Lacrosse!

** Date of Birth is used to track Admissions status.

