

Hargrave Military Academy
Prospective Student Athlete Information Form

Student Information

First Name: _____ Last Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

E-Mail: _____

High School: _____

School Address: _____

City: _____ State: _____

Academic Information

Current GPA: _____ Expected Year of Graduation: _____

ACT Score: _____ SAT Score: _____

Athletic Information

Height: _____ Weight: _____ R / L Handed: _____

Sport #1: _____ Position / Event: _____

Sport #2: _____ Position / Event: _____

Previous Season Stats: _____

Varsity or Junior Varsity: _____

Athletic Honors Received: _____

Coach's Name: _____ Coach's Phone: _____