

Athletic Questionnaire Cross Country

Personal Information

Name:				
City:		_ State:	Zip:	
Church Affiliation:		Gender (circle):	Male	Female
Family Information				
Father:		Mother:		
Brothers and Sisters:				
Friends/Relatives associated with Genev	va – Yes No			
Academic Information				
High School:	Graduation	n Date:		
Academic Interests: (1)	(2)		(3)	
GPA: SAT/ACT:				
Questions about you				
What is your favorite event?				
List your personal best performances				
Geneva College Admissions Informat	tion (please check all	that apply)		
I have returned my Application	for Admission to Gene	va College.		
I will be returning my Application	on for Admission to Ge	eneva College.		
I have applied for Financial Aid.				
I will be attending Geneva Colle	ege			



Coach Contact Information:

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