

FAX THIS FORM TO 340-693-1197



University  
of the Virgin Islands

Prospective  
UVI Athlete  
Information Form

## Prospective Athlete Information Fax Form

Please print out this form and fax the completed form to 340-693-1197.

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### Personal Information

First Name:

Last Name:



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### Address

City/Island:

State:

Zip:

Country:



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### Citizenship:

USA

Other:

### Contact

Phone:

Fax:

E-mail:



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### Academic Information

Name of High School:

City/State:

Graduation Year

GPA

Class

Rank

SAT Scores

(v)  (m)  (w)

ACT

Intended Major

Financial Aid Applicant:  Yes  No

Top Three College Choices

1)

2)

3)

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**Athletic Information**

Height  Weight

**First Sport**

Position

Years of Varsity in High School

Achievement in Sport

Additional Teams

**Second Sport**

Position

Years of Varsity in High School

Achievement in Sport

Additional Teams

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**Third Sport**

Position

Years of Varsity in High School

Achievement in Sport

Additional Teams

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**Sports of Interest**

Men - Varsity Teams

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Soccer        |
| <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Swimming     | <input type="checkbox"/> Volleyball    |  |

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Women - Varsity Teams

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Soccer        |
| <input type="checkbox"/> Table Tennis | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Swimming     | <input type="checkbox"/> Volleyball    |  |
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