Milford Academy Admissions Office
P.O. Box 878, New Berlin, NY 13411
Tel: (607) 847-9260 Fax: (607) 847-9250
www.milfordacademy.org

Football Questionnaire

Date: _____

Full Name: _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth: _____/_____/_____ Home Phone: (____)_____

High School: _____ Address: _____
Street

_____ School Phone: (____)_____
City State Zip

Coach: _____ Phone: (____)_____

Height: _____ Weight: _____ 40 Time: _____

Offensive Position: _____ Defensive Position: _____

Specialties

Punt: _____ FG & PAT: _____ Kick Off: _____ Long Snap: _____
Jersey Number: Dark: _____ Light: _____

GPA: _____ Rank: _____ SAT: Verbal: _____ Math: _____

Possible College Major (s): _____
Other Sports: _____

Fathers Name: _____ College Attended: _____
Fathers Occupation: _____ Business Phone: (____)_____
Mothers Name: _____ College Attended: _____
Mothers Occupation: _____ Business Phone: (____)_____
Parents Are: Married: _____ Divorced: _____ Separated: _____
I Live With: Both: _____ Mother: _____ Father: _____

Colleges in which you are interested: (1) _____ (2) _____
(3) _____ (4) _____

How did you hear about Milford Academy? _____