

STEVENS INSTITUTE OF TECHNOLOGY LACROSSE



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Today's Date _____
Graduation Year _____

PERSONAL INFORMATION

Name _____ Date of Birth _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Father's Name _____ Mother's Name _____

Daytime Phone _____ Daytime Phone _____

Occupation _____ Occupation _____

ACADEMIC INFORMATION

High School _____ School Phone _____

School Address _____

Guidance Counselor _____ Telephone _____

PSAT V _____ SAT CR _____ M _____ W _____ ACT _____ SATII _____

G.P.A. _____ Class Rank _____ / _____ Will you apply for financial aid? YES _____ NO _____

Intended major(s) _____

What other schools are you currently considering: _____

LACROSSE INFORMATION

Height _____ Weight _____ Position(s) played _____

HS Coach _____ Phone _____

Athletic Honors _____

Club program _____ Club Coach/phone _____

Camps attended _____

Do you play any other sports? _____