

# Shawnee Community College Basketball



Athletic Department  
Ullin, IL 62992  
(618) 634-3230

Head Coach: John Sparks  
johns@shawneecc.edu  
Asst. Coach: Greg Keown



## PERSONAL INFORMATION

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
High School \_\_\_\_\_ Year Graduated from HS \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_ Religion \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Parent's College (if applicable) Father \_\_\_\_\_ Mother \_\_\_\_\_  
Relatives or Friends that Attended SCC \_\_\_\_\_

## ACADEMIC INFORMATION

High School Address \_\_\_\_\_  
GPA \_\_\_\_\_ SUM ACT Score \_\_\_\_\_ or SAT \_\_\_\_\_ Probable Major \_\_\_\_\_  
Guidance Counselor \_\_\_\_\_ Office Phone \_\_\_\_\_

## ATHLETIC INFORMATION

Position PG 2G W F C Height \_\_\_\_\_ Weight \_\_\_\_\_ R/L Handed \_\_\_\_\_  
Uniform No. \_\_\_\_\_ Scoring Avg: Freshman \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_  
FG% \_\_\_\_\_ 3PT% \_\_\_\_\_ FT% \_\_\_\_\_  
Rebounding Avg: Freshman \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_  
Athletic Honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of High School and AAU Head Coach \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
School Honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other School Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AAU Team \_\_\_\_\_  
\_\_\_\_\_