



Jesse Castro
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Wrestling Questionnaire

Liberty University

Personal Information

Name: _____ Date: __/__/__

Address: _____ Date of Birth: __/__/__

Your Email: _____ Your Phone: _____ LU Id: _____

Father's Name: _____ Occupation: _____ Work Phone: _____

Mother's Name: _____ Occupation: _____ Work Phone: _____

Church Affiliation: _____

Pastor: _____ Phone: _____

Youth Pastor: _____ Phone: _____

Academic Information

High School/College: _____

Address: _____ Principle: _____

Guidance Counselor: _____ School Phone: _____

Year of Graduation: _____ Present Core GPA: _____ Core Hours: _____

PSAT Score: _____ SAT Score: _____ ACT Score: _____

Intended Major: _____ Possible Scholarships: _____

Other College Choices: _____

Wrestling Information

Head Wrestling Coach: _____ Work Phone: _____

Home Phone: _____ Email: _____

Club Coach: _____ Work Phone: _____

Home Phone: _____ Email: _____

Current Weight: _____ Height: _____ Anticipated College Weight: _____

Scholastic Record— Fresh: _____ So: _____ Jr: _____ Sr: _____ Total: _____

Post Season Placings: _____

Honors: _____

Freestyle/Greco Experience: _____

Liberty University has permission to receive a copy of my high school transcript, which includes test scores.