Sean P. McCullough Memorial Scholarship Fund
Deadline: May 15th

Name of student ______________________________________________________________ Gender: M__ F __
Street____________________________________ Town__________________________ State: NY Zip______________
Telephone __________________________________E-mail Address ________________________________________

Name of the High School: ___________________________________________________________________________

Date of Graduation/Awards Night:____________________________________________________________________

Name of College student plans to attend: ______________________________________________________________

How many years has this student been on the track team? ________________________________________________

Please provide one example demonstrating the student’s dedication to the sport:________________________

__________________________________________________________________________________________________

Please provide one example demonstrating the student’s strong team leadership: _____________________________

__________________________________________________________________________________________________

Please provide one example that defines the student’s competitive spirit:_______________________________________

__________________________________________________________________________________________________

Please provide student’s GPA and/or class rank as demonstration of the academic strength: _____________________

_________________________________________________________________________________________________

Please provide one example that embodies the student’s school spirit:_________________________________________

__________________________________________________________________________________________________

Are there any family or individual circumstances that make this student stand out? ____________________________

__________________________________________________________________________________________________

List of up to 5 volunteer/school/community activities in which the student participates.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Name of Nominating Coach_______________________ Signature ___________________________ Date _____________

Address at school: __________________________________________________________________________________

Telephone: ____________________________________ E-Mail: _____________________________________________