

Sean P. McCullough Memorial Scholarship Fund

Deadline: May 15th

| Name of student | | Gender: M F |
|---|---|--------------------------------------|
| Address | Town | State: NY Zip |
| Telephone | E-mail Address | |
| Name of the high school: | | |
| Date of graduation/awards night: | | |
| Name of College student plans to atten | d: | |
| How many years has this student been | on the track team? | |
| Please provide one example demonstra | ating the student's dedication to the sport: | |
| | ating the student's strong team leadership: | |
| | es the student's competitive spirit: | |
| Please provide student's GPA and/or cla | ass rank as demonstration of the academic strength: | |
| | dies the student's school spirit: | |
| | mstances that make this student stand out? | |
| List of up to 5 volunteer/school/commu | ınity activities in which the student participates. | |
| | Signature | |
| Address at school: | | |
| Telephone: | E-Mail: PO Box 288, Lake Placid, NY 12946 or via email | to: leslee.mounger@adkfoundation.org |