

Sean P. McCullough Memorial Scholarship Fund

Deadline: May 1st

Name of student		
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 attend:	·	
How many years has this student been or	n the track team?	
Please provide one example demonstrati	ng the student's dedication to the sport:	
	ng the student's strong team leadership:	
	the student's competitive spirit:	
Please provide student's GPA and/or clas	s rank as demonstration of the academic strength	·
Please provide one example that embodi	ies the student's school spirit:	
Are there any family or individual circums	stances that make this student stand out?	
List of up to 5 volunteer/school/commun	ity activities in which the student participates.	
	Signature	
Address at school:		
Telephone:	E-Mail: O Box 288, Lake Placid, NY 12946 or via ema	il to: leslee.mounger@adkfoundation.org