

**TO: PRINCIPALS, ATHLETIC DIRECTORS, GIRLS SPORT COACHES AND GUIDANCE PERSONNEL**  
**FROM: CAROLYN THORNTON, CHAIR, ALICE SULLIVAN MEMORIAL FUND**  
**DATE: WEDNESDAY, JANUARY 4, 2012**

**NAME**

***The Alice Sullivan Memorial Fund***

**PURPOSE**

***The purpose of the fund is to sustain in perpetuity Alice Sullivan's life, character and enthusiasm for girls athletics***

**QUALIFICATIONS**

***The monies generated can be used but not limited to:  
Scholarship(s) to female high school and/or female collegiate student-athletes who express interest in coaching and/or officiating female sports; sponsoring speakers for female high school or collegiate events; sponsoring female high school workshops or conferences***

**AWARD – 2012**

**MINIMUM**

**\$800.00**

***Please duplicate as many copies of the Application as needed***

***And***

***Distribute to interested female student-athletes  
and guidance personnel***

**ALICE SULLIVAN MEMORIAL FUND APPLICATION**

A memorial endowment has been established to sustain in perpetuity Alice Sullivan's life, character and enthusiasm for female athletics. One of the purposes of the fund is to award a monetary scholarship to a female high school and/or female collegiate student-athlete who express an interest in coaching, officiating and/or athletic administration.

To be considered for the Alice Sullivan Memorial Fund Scholarship, female candidates must submit a completed application.

**Include:**

1. High School Transcript
2. SAT Scores
3. A resumé which lists achievements; athletic activities; clubs; awards; and community service.
4. A short essay entitled, "How do you envision making a contribution to education, athletics, officiating, coaching or athletic administration?"

1. Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2. Home address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. College Major - choice \_\_\_\_\_

4. Collegiate sports/activities you anticipate participating in:  
\_\_\_\_\_

5. High School or College you will graduate from: \_\_\_\_\_

6. Year of Graduation: \_\_\_\_\_

7. GPA: \_\_\_\_\_

8. Class Rank: \_\_\_\_\_

9. SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_

Signature: \_\_\_\_\_

**Send a completed application and all supporting materials by Friday, March 9, 2012 to:**

Carolyn Thornton, Chair- Alice Sullivan Committee  
c/o Rhode Island Interscholastic League  
Bldg 6 - RI College Campus  
600 Mt. Pleasant Avenue  
Providence, RI 02908-1991

The Alice Sullivan Memorial Fund Committee will review all the applications.