



**SPECIAL NOTICE
TO MEMBERS OF
TEAMSTERS UNION LOCAL 25
AND
TEAMSTERSCARE**

**2020 COLLEEN SULLIVAN MEMORIAL
NURSING VOCATION SCHOLARSHIP ANNOUNCEMENT**

The Executive Board of the Mass Coalition of Taft Hartley Trust Funds is pleased to announce the availability once again this year of the Colleen Sullivan Memorial Nursing Vocation Scholarship in honor of our friend and colleague, Colleen Sullivan, R.N. TeamstersCare is a Taft-Hartley Trust Fund and is a member of the Coalition.

Colleen's experience as an R.N. gave her the foundation to provide assistance to many of our funds and their participants in a dedicated selfless manner. The creation of the scholarship is a symbol of the sincere appreciation we have for the wisdom, counsel and charity she provided to many of us and to our members.

Applications and guidelines can be obtained at the TeamstersCare Offices in Charlestown, Chelmsford and Stoughton and can be downloaded from the TeamstersCare website at www.teamsterscare.com and from the Teamsters Union Local 25 website at www.teamsterslocal25.com. Contact 617-241-9220 ext. 228 with questions.

Transcripts, Applications and Essay should be returned to:
M.C.T.H.T.F.
Attn: Scholarship
PO Box 680
16 Trotter Drive
Medway, MA 02053-0680
www.macoalthtf.org / (508)-533-1400 x 111

**ALL APPLICATIONS MUST BE POSTMARKED OR RECEIVED
BY FRIDAY, MAY 22, 2020**

**THE COMMITTEE WILL MAKE THE ANNOUNCEMENT OF THE SELECTED RECIPIENT
BY JUNE 26, 2020**



2020 Colleen Sullivan Memorial Nursing Vocation Scholarship
\$4,000.00 (\$1,000 x 4 years)
Scholarship Guidelines

Eligibility

The member, child, grandchild or spouse of a local union member or employees of its affiliated Taft-Hartley Trust Fund, whose local union and its affiliated Taft-Hartley Trust Funds are dues paying members of the Massachusetts Coalition of Taft-Hartley Trust Funds (MCTHTF), and who is enrolled in or accepted as an undergraduate student by an accredited nursing program is eligible to apply. The MCTHTF also sponsors the Lou Sarno Memorial Scholarship for undergraduate studies and has awarded 23 recipients with \$59,000 worth of scholarship dollars since 2007. Applicants may only apply for one of the two Coalition-sponsored scholarships.

Criteria

The applicant must provide an **official** copy of their current school transcript along with a 500-word (or more) essay: *Discuss the pluses and minuses of "Medicare for All."*

All applications must be postmarked or received by Friday, May 22, 2020.

Selection of the Scholarship Recipient

The Executive Board of the MCTHTF shall designate a scholarship selection committee of three or more people to review and select the scholarship recipient. All applicants are reviewed anonymously.

The Committee will complete its review and selection on or before June 12, 2020 and make announcement of the selected recipient by June 26, 2020.

Scholarship Award Payment

The \$1,000.00 scholarship will be awarded annually to the recipient up until completion of their undergraduate nursing degree but no more than four (4) consecutive years, and no more than \$4,000.00. The scholarship recipient must provide the MCTHTF with a copy of the current and next semester tuition bill and official transcript as certification of eligibility. To continue to be eligible for the ongoing scholarship, recipient must be a student in good academic standing and maintain a minimum GPA of 2.5. If it is established that this award will adversely affect the financial aid of the recipient, the Executive Board may, at its discretion, allow the scholarship proceeds to defray non-tuition, education related expenses.

2020 COLLEEN SULLIVAN MEMORIAL NURSING VOCATION SCHOLARSHIP

APPLICATION

Please attach an *official* copy of your current transcript along with a 500-word (or more) essay:
Discuss the pluses and minuses of "Medicare for All."

All applications must be postmarked or received by Friday, May 22, 2020.

PART I: STUDENT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Nursing School
or College/University: _____

Date of Enrollment: _____

Fall 2020 Academic Status: _____
(check one) 1st Year 2nd Year 3rd Year 4th Year

PART 2: LOCAL UNION INFORMATION

Sponsoring Member's Full Name: _____

Member Phone No. (____) _____ - _____ Please check one: _____
Active Retired

Relationship to Applicant: _____
Parent/Step Grandparent Spouse Self

Local Union: _____ Local No. _____

Union Phone No. (____) _____ - _____

Please return Official Transcripts, Application and Essay to:
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