



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

**2015 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](http://www.teamsterscare.com) and from the Teamsters Union Local 25 website at [www.teamsterslocal25.com](http://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](http://www.macoalthtf.org) / (508)-533-1400 x 111

**ALL APPLICATIONS MUST BE RECEIVED BY MAY 1, 2015**

**THE COMMITTEE WILL MAKE THE ANNOUNCEMENT OF THE SELECTED RECIPIENT  
BY JUNE 5, 2015**



***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. The MCTHTF also sponsors the Lou Sarno Memorial Scholarship for undergraduate studies. Applicants may only apply for one scholarship.

**Criteria**

The applicant must provide an *official* copy of his or her current school transcript along with a 500-word (or more) essay: *What insight can you provide to improve or resolve the substance abuse epidemic plaguing our communities?* **All applications must be postmarked or received by Friday, May 1, 2015.**

**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 their review and selection on or before May 29, 2015 and make announcement of the selected recipient by June 5, 2015.

**Scholarship Award Payment**

The \$1,000.00 scholarship will be awarded to the recipient up until completion of his or her 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 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.

**OFFICERS**

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GINA M. ALONGI



# 2015 COLLEEN SULLIVAN MEMORIAL NURSING VOCATION SCHOLARSHIP

## APPLICATION

Please attach an *official* copy of your current school transcript along with a 500-word (or more) essay:  
What insight can you provide to improve or resolve the substance abuse epidemic plaguing our communities?

**All applications must be postmarked or received by Friday, May 1, 2015**

## PART I: STUDENT INFORMATION

Full Name: \_\_\_\_\_

M | F  
Male/Female (circle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

Nursing School  
or College/University: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Fall 2014 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 Transcripts, Application and Essay by May 1, 2015 to:**  
**MCTHTF, Attn: Scholarship, 16 Trotter Drive, P.O. Box 680, Medway, MA 02053-0680**  
**www.macoalthtf.org / (508)-533-1400 x111**