



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

**2019 LOU SARNO MEMORIAL SCHOLARSHIP
ANNOUNCEMENT**

The Executive Board of the Mass Coalition of Taft Hartley Trust Funds is pleased to announce the availability this year of the Lou Sarno Memorial Scholarship. TeamstersCare is a Taft-Hartley Trust Fund and is a member of the Coalition.

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 24, 2019**

**THE COMMITTEE WILL MAKE THE ANNOUNCEMENT OF THE SELECTED RECIPIENT
BY JUNE 21, 2019**

OFFICERS

President
LOUIS F. MALZONE

Vice President
VERONICA DYER

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CAROL A. BLANCHARD, D.D.S.

Treasurer
ROGER B. GILL, CEBS

Executive Director
GINA M. ALONGI

2019
Lou Sarno Memorial 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 college or university is eligible to apply. The MCTHTF also sponsors the Colleen Sullivan Memorial Nursing Vocation Scholarship. Applicants may only apply for one of the two Coalition-sponsored scholarships.

Criteria

The applicant must provide an **official** copy of his or her current school transcript along with a 500-word (or more) essay: *Discuss how your interest in your major developed and describe any experience in the field – such as volunteer work or internships – and what you gained from such involvement.*

All applications must be postmarked or received by Friday, May 24, 2019.

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 14, 2019 and make announcement of the selected recipient by June 21, 2019.

Scholarship Award Payment

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

2019 LOU SARNO MEMORIAL SCHOLARSHIP

APPLICATION

Please attach an *official* copy of your current transcript along with a 500-word (or more) essay:

Discuss how your interest in your major developed and describe any experience in the field - such as volunteer work or internships - and what you gained from such involvement.

All Applications must be postmarked or received by Friday, May 24, 2019.

PART I: STUDENT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College/University: _____

Date of Enrollment: _____

Fall 2019 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:
MCTHTF, Attn: Scholarship, 16 Trotter Drive, P.O. Box 680, Medway, MA 02053-0680
www.macoalthtf.org / (508)-533-1400 x111