



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

**2017 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](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 FRIDAY, MAY 26, 2017**

**THE COMMITTEE WILL MAKE THE ANNOUNCEMENT OF THE SELECTED RECIPIENT  
BY JUNE 23, 2017**

OFFICERS

**President**  
LOUIS F. MALZONE

**Vice President**  
VERONICA DYER

**Secretary**  
CAROL A. BLANCHARD, D.D.S.

**Treasurer**  
ROGER B. GILL, CEBS

**Executive Director**  
GINA M. ALONGI

**2017**  
**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. 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: *Indicate a person connected to labor that has had a significant influence on you and describe that influence.*

**All applications must be postmarked or received by Friday, May 26, 2017.**

**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 June 16, 2017 and make announcement of the selected recipient by June 23, 2017.

**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.

## 2017 LOU SARNO MEMORIAL SCHOLARSHIP

### APPLICATION

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

**Indicate a person connected to labor that has had a significant influence on you and describe that influence.**

**All Applications must be postmarked or received by Friday, May 26, 2017.**

### PART I: STUDENT INFORMATION

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

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

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

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

College/University: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Fall 2017 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.macoalthf.org / (508)-533-1400 x111**