

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