2023 COLLEEN SULLIVAN MEMORIAL SCHOLARSHIP

APPLICATION

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

How has your family background affected the way you see the world? In what ways will this help you be successful as a nurse?

All Applications must be postmarked or received by Friday, March 10, 2023

PART I: STUDENT INFORMATION					
Full Name:					
Address:					
City:		State:		Zip:	
Phone:		F	mail:		
College/University:					
Date of Enrollment:					
Fall 2023 Academic Status: (check one)	1st Year	2	nd Year	3rd Year	4th Year
PART 2: LOCAL UNION INFORMATION					
Sponsoring Member's Full Nam	ne:				
Member Phone No.			Please check one	e: Active	Retired
Relationship to Applicant:	Parent/Step	C	Grandparent	Spouse	Self
Local Union:				Local No.	
Union Phone No.					

Please return Official Transcripts, Application and Essay to: (Email Preferred)

Email: masscoalition21@gmail.com

USPS: Mass Coalition_c/o Diagna Shanaban