



BUILDING TRADES TRAINING DIRECTORS ASSOCIATION OF MASSACHUSETTS

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THE O'NEIL-CADIGAN MEMORIAL SCHOLARSHIP FUND

APPLICATION INSTRUCTIONS

1. The applicant **must** be the son or daughter of the local union affiliation.
2. The application **must** be submitted to the **Business Manager of the local union affiliation**. An application that does not go through the Business Manager will be **disqualified**.
3. **The Business Manager must submit the application to the O'Neil-Cadigan Scholarship Committee by March 15, 2020 to Peter Stracuzzi email: pstracuzzi1@gmail.com Mailing address: Boston Plasters & Cement Masons Local 534 ~ 7 Frederika St. Boston, MA 02124**
4. Proof of citizenship in the form of a **birth certificate** or written proof of filing in the case of non U. S. citizens **must** be submitted.
5. A copy of your **high school diploma** or **G.E.D. completion certificate**, or if you are a **high school senior**, a **copy of your current transcript**, must be submitted with the application.
6. You must identify the local union affiliation by trade and local union number.
7. Fill in the name of your member parent.
8. Fill in the name of the Business Manager of the Local Union affiliation.
9. The Business Manager of the local union affiliation must sign the application form.
10. **ESSAYS:**
 - a. The essay **must be typewritten**. (Do not resubmit a past essay)
 - b. The essay must be **one page only**.
 - c. Essays will be judged on the basis of **content and clarity of expression, including organization, grammar, spelling and punctuation**.
11. **Review your application form to ensure that each item is answered. Incomplete application forms will be disqualified.**

GOOD LUCK!



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JACKIE O'NEIL - DR. ELAINE CADIGAN MEMORIAL SCHOLARSHIP FUND 2020 APPLICATION FORM

PERSONAL DATA

NAME _____
LAST FIRST MIDDLE GENDER

PERMANENT HOME ADDRESS _____
NUMBER AND STREET

CITY OR TOWN STATE ZIP CODE

PHONE (_____) _____ EMAIL ADDRESS _____
AREA CODE NUMBER

BIRTHDATE ___/___/___ CITIZENSHIP _____
Submit proof of citizenship (copy of birth certificate) or filing.

EDUCATIONAL DATA

HIGH SCHOOL _____

ADDRESS _____
CITY STATE

HIGH SCHOOL DIPLOMA _____ or G.E.D. _____ or CURRENT HIGH SCHOOL
TRANSCRIPT _____ (check one and submit a copy of the document)

LOCAL UNION AFFILIATION _____
Must be the son or daughter of a member of the Local Union Affiliation

Name of Member Parent: _____

Print name of Business Manager _____

Signature of Business Manager _____

ESSAYS

PLEASE ATTACH ONE-PAGE TYPEWRITTEN ESSAY.
Please note that any essay over one page and/or not typed will not be considered.

ESSAY TOPIC: Using specific examples, explain two (2) ways in which your father's and/or mother's union membership has impacted your life.

Complete ALL items on this application form. Incomplete applications will be discounted.

THIS FORM MUST BE SUBMITTED TO YOUR LOCAL UNION BUSINESS MANAGER FOR
CONSIDERATION, SIGNATURE AND FORWARDING TO THE O'NEIL MEMORIAL SCHOLARSHIP COMMITTEE.
ANY APPLICATION SUBMITTED DIRECTLY TO THE SCHOLARSHIP COMMITTEE WILL NOT BE CONSIDERED.