PURPOSE

The purpose of the DC 35 William Doherty Scholarship Fund is to provide DC 35 union members and their families with access to scholarship funds to support the cost of secondary and post-secondary education.

ELIGIBILITY

A member in good standing of any of the affiliated local unions of District Council 35, and/or the child, dependent or spouse of such member, who is enrolled in a tuition charging and accredited high school or college. Elected officers of DC 35 and their family members are not eligible for the scholarship.

AWARDS

Up to five secondary and/or post-secondary scholarship awards, in the amount of Five Thousand (\$5,000.00) Dollars annually. Awards are for one year only, but past recipients may re-apply for subsequent years. All scholarship awards will be paid directly to the recipient.

CRITERIA

The applicant must provide an *official* copy of his/her current or most recently completed school transcript along with a five hundred (or more) word essay on the following topic:

What does solidarity mean to you?

ALL APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY August 31, 2023. SELECTION OF SCHOLARSHIP RECIPIENT(S)

The Trustees will designate a selection committee who shall be independent of DC 35 and the committee will review the applications and select the scholarship recipient(s).

SCHOLARSHIP AWARD PAYMENT

The scholarship(s) will be awarded to the recipient(s) upon selection and presentation by the recipient(s) of the current tuition bill as well as proof of attendance. If it is established that the scholarship award will adversely affect any financial aid awards of the recipient(s), the Trustees may, in their discretion, allow the scholarship proceeds to be used to help defray non-tuition, educated related expenses.

2023 DC 35 WILLIAM DOHERTY SCHOLARSHIP

APPLICATION

Please attach an *official* copy of your current or most recently completed school transcript with a five hundred (or more) word essay:

What does solidarity mean to you?

PART I: STUDENT INFORMATION

Name:

Street					
City:	STAT	E:,ZI	IP:		
Phone: ()		Email:			
School To Be Attended:					
Date of Enrollment:					
Fall Status (check one):	Year	2 nd Year	3 rd Year	4 th Year	
		OCAL UNION IN			
Sponsoring Member's Na #	me:				LU
Member Phone:		-			
Relationship to Applicant	: Parent/0	Guardian Sp	oouse Self		
Please return	Official T	ranscript, Comple	eted Application	n and Essay to:	
	DC 35 W	illiam Doherty So 25 Colgate Ro Roslindale, MA (oad	1	

You may also email to: memorialgolf@iupatdc35.org

Incomplete applications will not be accepted