

# Scholarship Program Application

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APPLICATION POSTMARK DEADLINE  
JUNE 30, 2025



**BTEA**  
**NORTHEAST**  
BUILDING TRADES  
EMPLOYERS' ASSOCIATION

# Scholarship Program

## The Program

The Thomas S. Gunning Foundation has established a scholarship program to assist employees, immediate family members of employees or immediate family. The scholarship is for high school seniors or graduates who plan to attend full-time study at either a two or four-year accredited undergraduate program.

## Eligibility

Applicants to the Thomas S. Gunning Foundation Scholarship Program must be:

Members of BTEA Northeast, their employees, and their respective immediate family. *Immediate family is defined as self, spouse, or child.* The child may be natural, legally adopted or a stepchild. High school seniors or graduates who plan to enroll in a full-time undergraduate course of study at an accredited two or four-year college, university or vocational-technical school. Applicants are eligible for a maximum of four years of scholarships.

## Awards

Various scholarships will be awarded in the amount of not less than \$2,000 each. Payment is made in September and checks will be mailed to the scholarship winners.

## Application

Interested students must complete the attached application **in full** and mail it along with a current complete transcript of grades to BTEA Northeast **postmarked no later than June 30, 2025**. Application may be reproduced as needed or downloaded on the BTEA Northeast website at [www.btea.com/resources](http://www.btea.com/resources).

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential.

## Selection of Recipients

Scholarship recipients are selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, honors, work experience, a statement of educational and career goals, and an outside appraisal.

Final selection of recipients is made by the BTEA Northeast Board of Trustees. Award recipients will be notified by September 1, 2025. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

## Revisions

The Thomas S. Gunning Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

## Additional Information

Questions regarding the scholarship program should be addressed to:

**Thomas S. Gunning Foundation, Inc. Scholarship Program**  
100 Grossman Drive, Suite 300  
Braintree, MA 02184  
Telephone: (781) 849-3220  
Fax: (781) 849-3223

# Scholarship Program

Type or print all information except for signatures. If space provided in any section is inadequate, information may be continued on additional sheets of paper. Attach additional sheets to the original document.

**APPLICATION  
POSTMARK  
DEADLINE**

**JUNE 30,  
2025**

**PERSONAL**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ LAST 4 DIGITS OF SS# \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ NUMBER OF DEPENDENTS: \_\_\_\_\_

**EMPLOYEE  
PARENT OR  
GUARDIAN  
INFORMA-  
TION**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
 EMPLOYER: (MUST BE A BTEA NORTHEAST MEMBER) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 WORK TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_

**HIGH  
SCHOOL  
DATA**

SCHOOL NAME: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 SCHOOL TELEPHONE: \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference to schools to which you have applied.) Use official school names.

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 TYPE OF SCHOOL:  4-year College or University  2-year Community or Junior College  Vocational-Technical School  Other \_\_\_\_\_  
 ANTICIPATED DATE OF GRADUATION: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_  
 MAJOR OR COURSE OF STUDY: \_\_\_\_\_

**WORK  
EXPERIENCE**

Describe your work experience during the past four years. Indicate dates of employment for each job and number of hours worked each week.

**Dates (Month/Year)**

Employer/Position	From	To	Hours Per Week	Amount Earned

Employer/Position	Dates (Month/Year)		Hours Per Week	Amount Earned
	From	To		

**ACTIVITIES, AWARDS & HONORS**

List all activities, both school and community, in which you have participated in during the last four years. Please include any special awards, honors, or offices held. Indicate whether high school or college.

Activity	# of Years Participated	Special Awards Honors	Offices Held

**CAREER CHOICES**

Why you are interested in your career choice and what event, or series of events have led you to this decision?

**PERSONAL EXPERIENCES**

What has been your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?

**TRANSCRIPT INFORMATION**

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vocational-technical transcripts of grades.
2. High School seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and GPA based on courses to date.

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes property of BTEA Northeast.

Signature:

Date:

**APPLICATION CHECKLIST**

Applicant is responsible for ensuring that all items listed below are submitted to the Thomas S. Gunning Foundation and postmarked by **June 30, 2025**.

- Completed Application     
  Evaluation Form     
  Official Transcripts of High School and/or College Grades

# Scholarship Program

**APPLICANT EVALUATION**

To be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well. You have been asked to provide information in support of this application to the BTEA Northeast Scholarship. Please give immediate and serious attention to the following statements. **Please type or print using black ink.**

When completed please return to applicant or forward directly to the foundation (postmarked no later than **June 30, 2025**):

**THOMAS S. GUNNING FOUNDATION | 100 GROSSMAN DRIVE, SUITE 300, BRAINTREE, MA 02184**

APPLICANT'S NAME: \_\_\_\_\_

NAME OF EVALUATOR: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

OCCUPATION/SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

*FURNISH INFORMATION ON THE NATURE AND FREQUENCY OF YOUR CONTACTS AND OBSERVATIONS OF THE APPLICANT*

THE APPLICANT'S CHOICE OF POST-SECONDARY EDUCATIONAL PROGRAM IS

- Extremely Appropriate       Appropriate       Inappropriate

THE APPLICANT'S ACHIEVEMENTS REFLECT HIS/HER ABILITY

- Extremely Well       Well       Not Well

THE APPLICANT'S ABILITY TO SET REALISTIC AND ATTAINABLE GOALS IS

- Excellent       Good       Poor

THE QUALITY OF THE APPLICANT'S COMMITMENT TO SCHOOL, WORK AND/OR COMMUNITY IS

- Excellent       Good       Poor

THE APPLICANT DEMONSTRATES CURIOSITY AND INITIATIVE

- Extremely Wel       Well       Not Well

THE APPLICANT DEMONSTRATES GOOD PROBLEM SOLVING SKILLS, FOLLOWS THROUGH AND COMPLETES TASKS

- Extremely Well       Well       Not Well

THE APPLICANT'S RESPECT FOR SELF AND OTHERS IS

- Excellent       Good       Poor

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_