Membership Form - Program Advisory Committee for Chapter 74-Approved Vocational Technical Education Program

DISTRICT: GREATER LAWRENCE TECHNICAL **SCHOOL YEAR: SY 25-26** **PROGRAM NAME:** CULINARY ARTS

FACILITATOR: SCOTT STEWART **DATE OF COMPLETION:** OCTOBER 23, 2025

PROVIDE THE FIRST AND LAST NAME OF ALL COMMITTEE MEMBERS. *(NOTE: SCHOOL DISTRICT STAFF FROM ANY SCHOOL DISTRICT MAY NOT BE MEMBERS OF THE PROGRAM ADVISORY COMMITTEE. DO NOT LIST THEM BELOW.)* PROVIDE THE ADDRESS FOR EACH MEMBER INCLUDING STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP CODE, DAYTIME OR CELL PHONE TELEPHONE NUMBER AND EMAIL ADDRESS.	PROVIDE THE COMPANY NAME FOR EACH BUSINESS/INDUSTRY REPRESENTATIVE; THE ORGANIZATIONAL TITLE FOR THE ORGANIZED LABOR REPRESENTATIVE; THE NAME OF THE SCHOOL/COLLEGE/UNIVERSITY FOR THE POSTSECONDARY REPRESENTATIVE AND THE ORGANIZATIONAL TITLE FOR THE REGISTERED APPRENTICESHIP PROGRAM REPRESENTATIVE. [1]ORGANIZED LABOR REPRESENTATION IS NOT REQUIRED ON INDIVIDUAL PACS IF THE SCHOOL'S GENERAL ADVISORY COMMITTEE INCLUDES SUCH REPRESENTATION. [2]POSTSECONDARY REPRESENTATION IS REQUIRED ON ALL PACS. THAT REQUIREMENT CAN BE MET WITH REPRESENTATIVES OF POSTSECONDARY EDUCATION INSTITUTIONS OR REGISTERED APPRENTICESHIP PROGRAMS. [3]PRIOR TO THE APPROVAL OF A NEW PROGRAM, THE PARENT/GUARDIAN AND STUDENT REPRESENTATION REQUIREMENT MAY BE MET BY INVOLVING ONE OR MORE PARENTS AND STUDENTS NOT YET ASSOCIATED WITH THE PROGRAM. THEIR ROLE IS TO ENSURE THAT THE PERSPECTIVES OF PARENTS AND STUDENTS ARE CONSIDERED IN THE DEVELOPMENT OF THE PROGRAM.	**COMPOSITION** *(CHECK AS APPLICABLE)*			**TYPE OF REPRESENTATION** *(CHECK ONE BOX FOR EACH NAME LISTED)*					
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	NON- TRADITIONAL BY GENDER (IF APPLICABLE)	BUSINESS/INDUSTRY	ORGANIZED LABOR [1]	POSTSECONDARY INSTITUTION [2]	REGISTERED APPRENTICESHIP [2]	PARENT/GUARDIAN[3]	STUDENT[3]
PROGRAM CHAIR MICHAEL D. LEWIS	7 HERON DRIVE LONDONDERRY NH 03053 603-339-7262 MDLEWIS4@COMCAST.NET CAFÉ SERVICES 749 E. INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109 DIRECTOR, SAFETY & OPERATIONS SUPPORT SERVICES				X					
ALFRED AMPOLLONE	978-420-2093 109 WOLCOTT AVE LAWRENCE, MA 01843 ALAMPOLLONE@GMAIL.COM MARKET BASKET MGR. BAKERY TEWKSBURY, LOWELL, MA				X					
MICHAEL CAREY	978-530-8300 77 LAKE STREET SALEM NH 03079 MICHAELJCAREY22@GMAIL.COM THE CHEESECAKE FACTORY GENERAL MGR. 75 MIDDLESEX TPKE BURLINGTON MA 01803				X					
M. BRIGET FLANIGAN	617-834-2703, 7 LAUREL AVE W. ROXBURY, MA 02132 M.FLANIGAN2@SCOMCAST.NET SOUTHERN NEW HAMPSHIRE UNIV. ASSOCIATE PROFESSOR 2500 N. RIVER ROAD MANCHESTER NH 03106			X			X			
DENNIS J. KING	101 LAKE ST., SALEM, NH 03060 HOME: 603-893-3922 CELL: 603-548-0372 DJKOSALEM@AOL.COM				X					

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IDIALYS MORENO	idalizjmoreno@gmail.com 507 Sutton Street Apt 1310 No. Andover, MA 01845				X					
DONALD SMERIGLIO	Borelli's Italian Deli -Retired 300 Merrimack St., Methuen, MA 01844; 978-687-2306; 2 Palm Ave., Methuen, MA 01844 978-687-1899; delidonald@aol.com				X					
MATT TELLIER	978-973-3148 73 Pleasant Street Methuen, MA 01844 matthew@cfamethuen.com Chick-Fill-A Director 73 Pleasant Valley Street Methuen, MA 01844				X					
***TOM RAICHE**– SERVES ON GENERAL ADVISORY BOARD REPRESENTING ALL PROGRAMS	MERRIMACK VALLEY CLC OFFICE, 169 MERRIMACK STREET LOWELL, MA 01852 TOM RAICHE (AFLCIO COMMUNITY SERVICES LIAISON) AT 978-441-1939 OR TOM.RAICHE@GMAIL.COM.					X				

GLTS
Greater Lawrence Technical School

Culinary Arts
Programmatic Advisory Committee
Meeting – Sign In
Date: OCTOBER 23, 2025

Teachers:

Last Name	First Name	Signature	Email
Hanson	Molly		
Henry	Kathleen		
McCall	Heather		
Nova	Melissa		
Stewart	Scott		
Tropeano	Otavia		
Potential New Members:			