PRIORITY EMS SCHOLARSHIP

Gwinnett Tech Foundation

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____
Student # _____ GPA _____ Date of Birth _____
Expected Graduation Date _____

EDUCATION BACKGROUND

Name of School	City	State	From	To

AWARDS AND RECOGNITIONS
(list below any recognitions which you have received from school, community, employment, etc.)

Honor, Awards, Recognition	Source	Date

COMMUNITY SERVICE

Organization	Activity	Dates

EMPLOYMENT DATA

Type of Job	Employer	Dates

Applications as described in criteria must be submitted to the Gwinnett Tech Foundation by November 30th.

Gwinnett Tech Foundation
5150 Sugarloaf Parkway, Bldg. 100, Room 405
Lawrenceville, Georgia 30043

Office Use Only
Approved _____ GPA _____

Not approved _____

Date _____