

IRENE FOWLER MEMORIAL SCHOLARSHIP
Gwinnett Tech Foundation

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Student ID# _____ GPA _____ Date of Birth _____
 Quarter to begin at GTC: _____
 Quarter to begin Cosmetology Program: _____

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

| Position | Employer | Dates |
|----------|----------|-------|
| | | |
| | | |
| | | |

Deadline: April 1st

Applications as described in the criteria must be submitted to:

Gwinnett Tech Foundation
Room 405, Building 100
5150 Sugarloaf Parkway
Lawrenceville, GA 30043

| Office Use Only | |
|------------------------------------|-------------------|
| GPA_____ | |
| US Citizen or Legal Resident _____ | |
| Approved_____ | Not Approved_____ |
| Date _____ | |