

# JEAN SHEAFFER SCHOLARSHIP

## Gwinnett Tech Foundation

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Student # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Proposed program of study \_\_\_\_\_

### 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

Please provide along with this application a one-page letter explaining your educational and future training goals.

Complete applications must be submitted to the Chief GED Examiner no later than **April 1<sup>st</sup>**.

Chief GED Examiner  
Gwinnett Tech  
Room 605, Building 100  
5150 Sugarloaf Parkway  
Lawrenceville, Georgia 30043

<b>Office Use Only</b>
Approved _____
Not Approved _____
Date _____