

**La Societe
Forty & Eight
Nurses Training Program**

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Student # _____ GPA _____ Date of Birth _____
 Sex: M _____ F _____ Ethnic Background _____

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

Deadline: June 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	
Approved _____	GPA _____
Not Approved _____	
Date _____	