

**Gwinnett Tech Foundation  
Timothy Owens Scholarship**

**Gwinnett Tech Foundation, Inc.**

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Soc Sec # \_\_\_\_\_ 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

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

Chief GED Examiner  
 Gwinnett Tech Foundation  
 Room 405, Building 100  
 5150 Sugarloaf Parkway  
 Lawrenceville, Georgia 30043

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