

BOB TALLEY SCHOLARSHIP

Gwinnett Tech Foundation, Inc.

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

Applications as described in criteria must be submitted to the Gwinnett Tech Foundation **no later than May 15th**.

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