CIS Advisory Board Scholarship Award Application
Gwinnett Tech Foundation

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____
Student # _____ GPA _____ Date of Birth _____
Program of Study _____
Other Scholarships received: Yes ____ No ____ If yes, amount _____

EDUCATION BACKGROUND

Name of School	City	State	From	To

AWARDS, RECOGNITION, VOLUNTEER ACTVITY
(list below any recognitions which you have received from school, community, employment, etc.)

Honor, Awards, Recognition	Source	Date

EMPLOYMENT DATA

Type of Job	Employer	Dates

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

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

Office Use Only

Approved _____ GPA_____

Not Approved_____

CIS Chair _____

Date _____