

THE HUDGENS AWARD

Name _____ Date of Birth _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Soc Sec # _____ GPA _____ Type of Diploma _____
 Expected Graduation Date _____ High School _____
 I plan to enroll in _____ (quarter/year) in the _____ program.

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

Deadlines: February 15th, May 15th, August 15th, November 15th

Applications as described in 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 _____	