

CHERYL DUGAL EMS SCHOLARSHIP

Gwinnett Tech Foundation

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

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

Applications as described in criteria must be submitted to the Gwinnett Tech Foundation by November 30th.

Gwinnett Tech Foundation
 5150 Sugarloaf Parkway, Bldg. 100, Room 405
 Lawrenceville, Georgia 30043

Office Use Only	
Approved _____	GPA _____
Not approved _____	
Date _____	