

**GEORGIA VETERINARY MEDICAL ASSOCIATION
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

Deadline: September 15th

Complete applications must be submitted to.

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

Office Use Only	
Approved _____	GPA _____
Not Approved _____	US Citizen _____
Date _____	