

**GEORGIA VETERINARY MEDICAL ASSOCIATION
AUXILIARY SCHOLARSHIP**

Gwinnett Tech Foundation

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Soc Sec # _____ 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 May 30th

Complete applications must be submitted to
Gwinnett Tech Foundation
Building 100, Room 405
5150 Sugarloaf Parkway
Lawrenceville, GA 30043

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