

**ASSISTANCE LEAGUE OF ATLANTA SCHOLARSHIP
Gwinnett Tech Foundation**

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Student ID # _____ GPA _____ Date of Birth _____
 Sex: M _____ F _____ Ethnic Background _____
 Proposed program of study _____

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

Deadline: August 15th

Applications as described in the criteria must be submitted to:

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

Office Use Only
GPA _____
US Citizen or Legal Resident _____
Approved _____ Not Approved _____
Date _____