**For GSP Office Use Only**

Journal No.

Focus Areas: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_

\_\_\_\_\_\_\_

**DO NOT STAPLE**

**2024 Governor's Scholars Program**

# Student Application Form

**IMPORTANT: Keep a copy for your records.**

***Refer to Helpful Hints at gsp.ky.gov***

**\*\*\*Application Must Be TYPED**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School District | | High School | | | | | | | | | |
| County of Residence | | School County | | | | | | | | | |
| **Student Information:** | | | | | | | | | | | |
| First Name | Middle Name | | | Last Name | | | | | | | |
| Preferred Name | | | Email: | | | | | | | | |
| Address (Street/Route/Post Office Box) | | | | | | City | | State | | Zip | |
| Phone  (   )     - | | | | | Birth Date (MM/DD/YY)     /    / | | | | | | | |
| **Parent/Guardian Information (Please Note: Correspondence from our office will be addressed as listed below)** | | | | | | | | | | | |
| **1.** Full Name (With Title: i.e., Mr./Mrs., Dr., Rev., etc.) | | | | | | | Primary Phone  (   )     - | | | | |
| Home Address (**Type** **SAME if address is same as applicant’s)** | | | | | | City | | | State | | Zip |
| Place of Employment | | | | | | | Secondary Phone  (   )     - | | | | |
| Occupation and Title | | | | | Email | | | | | | |
|  | | | | | | | | | | | |
| **2.** Full Name (With Title: i.e., Mr./Mrs., Dr., Rev., etc.) | | | | | | | Primary Phone  (   )     - | | | | |
| Home Address (**Type** **SAME if address is same as applicant’s)** | | | | | | City | | | State | | Zip |
| Place of Employment | | | | | | | Secondary Phone  (   )     - | | | | |
| Occupation and Title | | | | | Email | | | | | | |

The following information is requested for statistical purposes.

Sex:      Female Race/Origin:     White      Hispanic     Black/African-American

     Male     Asian      Native American      Other (specify)