

**GOVERNOR’S SCHOLARS PROGRAM  
2025 TRANSMITTAL FORM**

*Please complete both the front and reverse of this form*

School District/Private School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Total number of Juniors at the end of the second full month of school: \_\_\_\_\_

How many applications were submitted and evaluated at **your district/school level**: \_\_\_\_\_

**List Statewide Selection Candidates Below**  
**Alphabetically, By Student’s Last Name**

\*Names listed on this form should be only of those candidates being submitted for the statewide selection process\*

<b><u>Name(s)</u></b>	<b><u>School(s)</u></b>

**\*If you prefer you may attach a typed list of candidates (in alphabetical order by last name) to this sheet**

Total Submitted Females to GSP: _____	Total Submitted Males to GSP: _____
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\_\_\_\_\_ No candidates for the 2025 Governor’s Scholars Program Statewide Selection process.

**-OR-**

\_\_\_\_\_ I certify the above to be the official candidates from our district/high school for the 2025 Governor’s Scholars Program Statewide Selection process and have enclosed their completed applications.

Superintendent/Headmaster: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Name and Email Address for Receipt Confirmation: \_\_\_\_\_

