**For GSP Office Use Only**

Journal No.

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

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**DO NOT STAPLE**

**2026 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)

Indicate if a parent/guardian listed above has been previously affiliated with
the Program (e.g., an alum of the Program, parent of an alum etc.)      Y      N