

2025 GOVERNOR'S SCHOOL FOR THE AGRICULTURAL SCIENCES June 1 – June 27, 2025

STUDENT COUNSELOR APPLICATION

Legal Name:		Date of Birth:		
Home Address: _	Street	Q'.	9	
	Street	City	State/Zip	
School Address:_				
	Street	City	State/Zip	
E-Mail Address:	Please use email that y	ou check daily)		
Cell Phone:		College Major:		
Current GPA: _	(minimu	m 3.0) Current Class (I	Fr/So/Jr/Sr)	
Organizations:				
9				
Did you attend a	Governor's Scho	ol?If so, which	n one/when?	
Are you employe	d as a student wo	rker at UT Martin?		
If yes, which depa	artment?	1	UTM ID#: 960-	
• Why do yo	ou want to be a G	overnor's School Couns	elor? (Attach a separate sheet.)	
Attach a c	copy of your curre	ent resume.		
	least three refero e may contact ref		nformation. (As part of our review	
• Read and	sign the attached	Counselor Information	and Agreement document.	
Please re	e <mark>turn complete</mark>	d applications to Kie	rsten Bell by March 1, 2025	

Call (731) 881-7260 or email tgsas@utm.edu if you have questions.

You will be contacted via email after selections are made.