

FOR DEPARTMENT OFFICE USE ONLY

\$ _____ REG. FEE
\$ _____ TRANSP.

2017 APPLICATION FOR ATTENDANCE AT AMERICAN LEGION AUXILIARY ILLINI GIRLS STATE

Sponsored by American Legion Auxiliary, Department of Illinois

Applicant's Name _____ Age _____
(Last) (First) (Middle)

Address _____ Phone _____
(Street) (Town) (Zip Code)

Applicant's Personal E-mail Address _____

Are you an American Legion Auxiliary Junior Member?(Yes or No) _____ Is your Mother, Father, Brother or Sister currently serving in the Armed Forces? _____ # Volunteer Hours serving veterans? _____ # Volunteer Hours in community? _____

Name and Address of Parents or Guardian _____

Parent's email address _____
(Street) (Town) (Zip Code) (Cell Phone/Work phone)

Name of local newspaper _____

*****TO BE FILLED OUT BY UNIT*****

Our applicant will travel by Bus from: Gurnee Joliet LaGrange Morton Bloomington (Circle one)

For fare, see bulletin \$ _____ is included for the bus fare.

Sponsoring Auxiliary Unit _____ Name of President of the sponsoring Unit _____

Address _____ City _____ Phone _____
(Zip Code)

Approved by _____ Secretary/IGS Chr. of Unit No. _____ Phone _____

District No. _____ OR approved by IGS Director _____

The alternate is _____
(Name) (Address)

Mail to Department, American Legion Auxiliary, P.O. Box 1426, Bloomington, IL 61702-1426, to be received **PRIOR TO MAY 1**. Check for Registration Fee of \$250.00 must accompany this application **if not forwarded previously**. Applications will be accepted until quota of participants is reached.

***CERTIFICATION MUST BE COMPLETED BY HIGH SCHOOL PRINCIPAL, GUIDANCE COUNSELOR OR HOME SCHOOL ADMINISTRATOR (APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY)**

Name of applicant _____ DATE _____

Applicant is a member of the current junior class of _____ High School. School District _____

1. Is student a Junior in the 2016-2017 school year? _____
2. Is student a legal resident of The United States? _____
3. Is student maintaining a C average or above? _____
4. Does student have good character? _____
5. Does student possess outstanding qualities of leadership and good citizenship? _____
6. In your opinion, will student be able to take back to her community the interest and sense of responsibility in government she will gain from Illini Girls State? (Add comments below) _____

Signed _____ Title _____

*****WAIVER*****

The undersigned parent or guardian of _____
(Name of Applicant)

In consideration of the instruction and training to be given said participant at American Legion Auxiliary Illini Girls State, to be held at Charleston, Illinois June 18-24, 2017 does hereby release and discharge the American Legion Auxiliary, Department of Illinois, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions, or courses of action which may, can or shall have by reason of illness, injury, or accident incurred or suffered by said participant while in attendance of said American Legion Auxiliary Illini Girls State no matter how caused or occasioned.

Signed _____ day of _____ 2017 _____
(Signature of Parent or Guardian)