



**American Legion Auxiliary  
Alaska  
Girls State**

**APPLICATION**

**Session- Date: June 6-12, 2020**

DATE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Email Address \_\_\_\_\_

PHONE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

SEX FEMALE/OTHER \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

ARE YOU A U.S. CITIZEN \_\_\_\_\_, IF NOT PROVIDE FORM OF LEGAL INHABITANT

ARE YOU A JUNIOR IN HIGH SCHOOL NOW \_\_\_\_\_

TO WHAT HIGH SCHOOL ORGANIZATIONS HAVE YOU BELONGED? \_\_\_\_\_

\_\_\_\_\_

OFFICES HELD IN THE ABOVE ORGANIZATION \_\_\_\_\_

LIST OTHER ACTIVITIES THAT YOU PARTICIPATE IN OUTSIDE SCHOOL \_\_\_\_\_

\_\_\_\_\_

LIST HOBBIES OR INTERESTS \_\_\_\_\_

DO YOU HAVE ANY FOOD ALLERGIES \_\_\_\_\_

SKIN DISEASE \_\_\_\_\_ OTHER \_\_\_\_\_ EXPLAIN PROBLEMS ON BACK

GIVE 2 PERSONAL REFERENCES (NOT RELATIVES) AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

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