



**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 _____