

**2024 APPLICATION FOR ATTENDANCE AT AMERICAN LEGION AUXILIARY ILLINI GIRLS STATE**

Sponsored by American Legion Auxiliary, Department of Illinois  
**Please PRINT Legibly and Use a Dark Pen**

Applicant's Name \_\_\_\_\_  
(Last) (First) (Preferred name) Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (Town) (Zip Code)

Applicant's Personal E-mail Address **DO NOT use a school email** : \_\_\_\_\_

Are you an American Legion Auxiliary 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 \_\_\_\_\_  
(Street) (Town) (Zip Code) (Cell Phone/Work phone)

Parent's email address \_\_\_\_\_

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

Sponsoring Auxiliary Unit \_\_\_\_\_ Name of President of the sponsoring Unit \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
(Zip Code)

Approved by \_\_\_\_\_ Secretary/ALAIGS Chr. of Unit No. \_\_\_\_\_ Phone \_\_\_\_\_

District No. \_\_\_\_\_ OR approved by ALAIGS Director \_\_\_\_\_

The alternate is \_\_\_\_\_  
(Name) (Email Address) (Phone Number)

Mail to Department, American Legion Auxiliary, P.O. Box 1426, Bloomington, IL 61702-1426, to be received **PRIOR TO Session**. Check for Registration Fee of \$300.00 must accompany this application **if not forwarded previously**. Applications will be accepted until quota of participants is reached.

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**\*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 2023-2024 school year? \_\_\_\_\_
- 2. Is student a legal resident of The United States? \_\_\_\_\_
- 3. Does student have good character? \_\_\_\_\_
- 4. Does student possess outstanding qualities of leadership and good citizenship? \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Counselor's Email Address: \_\_\_\_\_ (please print)

\*\*\*\*\*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 16-22, 2024 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 \_\_\_\_\_ 2023/2024 \_\_\_\_\_  
(Signature of Parent or Guardian)