



AMERICAN LEGION AUXILIARY
Department of New Hampshire

PLEASE COMPLETE THIS ENTIRE APPLICATION AND RETURN TO THE ADDRESS LISTED ON THE BACK PAGE BY MAY 31, 2024, ALONG WITH A SMALL "HEAD & SHOULDERS" PICTURE (WALLET SIZE - FOR YEARBOOK). EACH APPLICANT SHOULD ALSO INCLUDE A \$50.00, NON-REFUNDABLE PROCESSING FEE.

(Print or type - using name desired on records)

Name _____
(Last Name) (First Name) (Middle Name)

Home Address _____
(Street) (City) (State) (Zip Code)

Age _____ Home Telephone Number _____

Email address: _____

Name of Parent or Guardian _____

Name of school attending and Current GPA (Attach unofficial copy of transcript)

Signature of school Principal or Guidance Director _____

SCHOOL RECORD

Are you informed on the general ideas of the AMERICAN LEGION AUXILIARY GIRLS STATE? _____

Have you studied civics/American Government? _____

What special talents do you have? ie. musical, art, dance, etc.

What extra curricular activities do you participate in?

Do you have disabilities? _____ If so, state nature of disability _____

Do you recite the Pledge of Allegiance to the Flag when the opportunity arises? _____

The undersigned parents (surviving parent or guardian) of _____
(Applicant's name)

a student at _____
(High School)

In consideration of instruction and training to be given to _____
(Applicant's name)

as a citizen of ALA GRANITE GIRLS STATE, American Legion Auxiliary, Department of NH, Inc. to be held at **St. Anselm College** during the dates of June 23 – June 29, 2024 do hereby give consent for her to participate in any activities which are scheduled as part of the ALA GRANITE GIRLS STATE program. We do hereby release and discharge the American Legion Auxiliary, Department of New Hampshire, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions or suffers by _____ while in attendance at
(Applicant's Name)

ALA GRANITE GIRLS STATE, no matter how caused or occasioned.

Does your daughter have any allergies or any physical or emotional conditions that ALA GIRLS STATE should be aware of?

Yes _____ No _____ If yes, please explain _____

Signed this _____ day of _____, 2024.

(Parents or Guardian's Signature)

PHOTO/Likeness Release Form

I hereby authorize the staff of the AMERICAN LEGION AUXILIARY GRANITE GIRLS STATE to photograph or video me/my daughter and consent to the use of any of her likenesses in any and all - AMERICAN LEGION AUXILIARY GRANITE GIRLS STATE publications, educational material, and advertising, news media, video, and Web materials.

I understand and agree that such materials, including all negatives shall become the property of the AMERICAN LEGION AUXILIARY GRANITE GIRLS STATE. I further understand and agree that these materials may be kept on file for potential future uses and further agree to release the AMERICAN LEGION AUXILIARY GRANITE GIRLS STATE from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.

Print Name: _____

Applicant Signature: _____

Parent/Guardian Signature: _____

As a citizen of ALA GRANITE GIRLS STATE, you should keep the following pledge in mind so that there will be an understanding of both the principles of ALA GIRLS STATE and your obligations as a citizen. As a citizen of ALA GRANITE GIRLS STATE of the American Legion Auxiliary, Department of New Hampshire, I voluntarily make the following pledge:

I will obey the rules of GIRLS STATE.

I will be present for every portion of the GIRLS STATE session.

I will take a serious and conscientious interest in discharging my duties as a citizen of GIRLS STATE.

I understand that this is an Americanism program and that it is a study of town, city, county, and state government.

I will salute the American Flag.

If elected to office, I will serve that office to the best of my ability.

I will abide by the judgment of those responsible for this Americanism program.

I will make a formal report (written or oral) of my impression of GIRLS STATE upon my return home.

I will live in residence as a citizen of ALA GIRLS STATE and I will remain for its entirety.

In so far as possible, I will take an active part in the affairs of the party, the town, the city, and county to which I am assigned.

I will be fair and honest in all of my dealings with my fellow citizens.

I am not a member of and do not subscribe to the principles of any group opposed to our form of government.

Applicant's signature

Local American Legion Auxiliary Contact Information

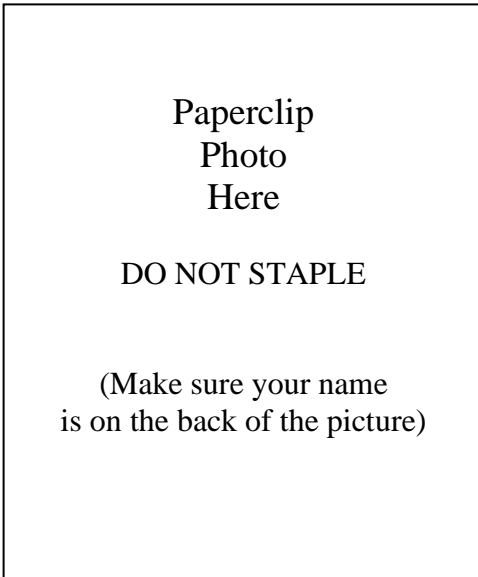
Unit Number: _____

Contact Name: _____

Street Address: _____

Town/State/Zip: _____

Phone: _____



If you don't have an American Legion
Post in your area you can return
application to:

ALA Dept. of NH
21 So. Fruit St. Suite 266
Concord, NH 03301

FOR OFFICE USE

Sponsored by _____
(Unit Name and No.) (Unit President)

Contributing Sponsor _____

Assigned to _____
(Party) (District) (Town, City, County) (Room)