



AMERICAN LEGION AUXILIARY  
Department of New Hampshire

PLEASE COMPLETE THIS ENTIRE APPLICATION AND RETURN TO THE ADDRESS LISTED ON THE BACK PAGE BY MAY 29, 2023, 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.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

What extra curricular activities do you participate in?

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

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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 25 – July 1, 2023, 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 \_\_\_\_\_

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
(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.

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Applicant's signature

Local American Legion Auxiliary Contact Information

Unit Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Paperclip  
Photo  
Here

(Make sure your name  
is on the back of the picture)

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

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**FOR OFFICE USE**

Sponsored by \_\_\_\_\_  
(Unit Name and No.) (Unit President)

Contributing Sponsor \_\_\_\_\_

Assigned to \_\_\_\_\_  
(Party) (District) (Town, City, County) (Room)