



AMERICAN LEGION ALASKA BOYS STATE
APPLICATION

DATE _____ HIGH SCHOOL _____

NAME _____ AGE _____

ADDRESS _____
(street or box #) (City) (Zip)

PHONE _____
HOME CELL/OTHER

PARENT OR GUARDIAN _____ ADDRESS _____

ARE YOU A U.S. CITIZEN _____ ARE YOU A JUNIOR IN HIGH SCHOOL NOW _____

HIGH SCHOOL ORGANIZATIONS YOU BELONG TO _____

OFFICES HELD IN THE ABOVE ORGANIZATIONS _____

LIST OTHER ACTIVITIES OUTSIDE SCHOOL _____

LIST HOBBIES AND/OR INTERESTS _____

CHURCH AFFILIATION OR PREFERENCE _____

HEALTH: HAVE YOU HAD MEDICAL TREATMENT IN THE LAST SIX MONTHS _____
REASON _____

DO YOU HAVE ALLERGIES? ___ ASTHMA? ___ HEART AILMENT? ___ SKIN DISEASE ___
OTHER _____ EXPLAIN PROBLEMS ON BACK

GIVE 2 PERSONAL REFERENCES (NOT RELATIVES) AND ADDRESS _____

SIGNATURE _____

ON BACK EXPLAIN WHY YOU WISH TO ATTEND BOYS STATE