



American Legion Auxiliary  
Alaska  
**Girls State**

**APPLICATION**

DATE \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Email Address \_\_\_\_\_

CELL PHONE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_

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 YES \_\_\_\_\_ NO \_\_\_\_\_

TO WHAT HIGH SCHOOL ORGANIZATIONS HAVE YOU BELONGED \_\_\_\_\_

OFFICES HELD IN THE ABOVE ORGANIZATIONS \_\_\_\_\_

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 \_\_\_\_\_

FOR MORE INFORMATION PLEASE CONTACT  
Jim Scott (907) 322-2752 [scottycog1124@gmail.com](mailto:scottycog1124@gmail.com)  
Jan Scott (907) 460-6707 [janscott1.js@gmail.com](mailto:janscott1.js@gmail.com)  
**DEADLINE FOR APPLICATION 2/14**