

AMERICAN LEGION ALASKA BOYS STATE



APPLICATION

DATE _____ HIGH SCHOOL _____

NAME _____ D.O.B. _____

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

HOME PHONE _____ YOUR CELL/OTHER _____ EMAIL ADDRESS _____

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 _____ ANY OTHER PROBLEMS EXPLAIN ON BACK

GIVE 2 PERSONAL REFERENCES (NOT RELATIVES) AND ADDRESS _____

SIGNATURE _____ **ON BACK EXPLAIN WHY YOU WISH TO ATTEND BOYS STATE**

FOR MORE INFORMATION PLEASE CONTACT

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DEADLINE FOR APPLICATION 2/14