

2027 APPLICATION FOR ATTENDANCE AT AMERICAN LEGION AUXILIARY ILLINI GIRLS STATE

Sponsored by American Legion Auxiliary, Department of Illinois

Please PRINT Legibly and Use a Dark PenApplicant's Name _____
(Last) (First) (Preferred name) AgeAddress _____ Phone _____
(Street) (Town) (Zip Code)Applicant's Personal E-mail Address **DO NOT use a school email :** _____

Are you an American Legion Auxiliary Member?(Yes or No) _____ Is your Mother, Father, Brother or Sister currently serving in the Armed Forces? _____ # Volunteer Hours serving veterans? _____ # Volunteer Hours in community? _____

Name and Address of Parents or Guardian _____

(Street) (Town) (Zip Code) (Cell Phone/Work phone)

Parent's email address _____

May we share your email and phone number with applicants that might want to carpool to the session? ☐ Yes ☐ No

*****TO BE FILLED OUT BY UNIT*****

Sponsoring Auxiliary Unit _____ Name of President of the sponsoring Unit _____

Address _____ City _____ Phone _____
(Zip Code)

Approved by _____ Secretary/ALAIGS Chr. of Unit No. _____ Phone _____

District No. _____ OR approved by ALAIGS Director _____

The alternate is _____
(Name) (Email Address) (Phone Number)Mail to Department, American Legion Auxiliary, P.O. Box 1426, Bloomington, IL 61702-1426, to be received **PRIOR TO Session**. Check for Registration Fee of \$400.00 must accompany this application **if not forwarded previously**. Applications will be accepted until quota of participants is reached.

***CERTIFICATION MUST BE COMPLETED BY HIGH SCHOOL PRINCIPAL, GUIDANCE COUNSELOR OR HOME SCHOOL ADMINISTRATOR
(APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY)**

Name of applicant _____ DATE _____

Applicant is a member of the current junior class of _____ High School. School District _____

1. Is student a Junior in the 2026-2027 school year? _____
2. Is student a legal resident of The United States? _____
3. Does student have good character? _____
4. Does student possess outstanding qualities of leadership and good citizenship? _____

Signed _____ Title _____

Counselor's Email Address: _____ (please print)

*****WAIVER*****

The undersigned parent or guardian of _____
(Name of Applicant)

In consideration of the instruction and training to be given said participant at American Legion Auxiliary Illini Girls State, to be held at Charleston, Illinois June 20th -26th, 2027 does hereby release and discharge the American Legion Auxiliary, Department of Illinois, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions, or courses of action which may, can or shall have by reason of illness, injury, or accident incurred or suffered by said participant while in attendance of said American Legion Auxiliary Illini Girls State no matter how caused or occasioned.

Signed _____ day of _____ 2026-2027 _____
(Signature of Parent or Guardian)