

STAFFORD AMERICAN LEGION VIRGINIA BOYS/GIRLS STATE APPLICATION FORM



(Return Application to your School's Boys/Girls State Sponsor by: Wednesday, March 5, 2025)

| (Please Print Clearly) | | |
|--|---|---|
| Full Name: | School: | |
| Home Address: | Cell Phone # | Age as of June 22, 2025: |
| City/State/Zip Code: | Date of Birth: | Please Circle: Male Female |
| US Citizen? (If no, | Name Country) Email Address: | |
| Are you willing to salute the American Flag and rec | ite Pledge Allegiance to the U.S. Flag? | if NO, please explain: |
| Parents or Legal Guardian Names: | | |
| Parent or Legal Guardian Cell Phone Numbers: (F) | (M) | |
| Parent/ Legal Guardian Emails: (F) | (M) | |
| Emergency Contact Person: | Relationship | D: |
| Emergency Contact Phone #: | Emergency Contact Email: | |
| Are you available to attend Virginia Boys/ Girls Stat | te the ENTIRE WEEK OF JUNE 15 TH | IROUGH JUNE 20, 2025? Yes No |
| Current Grade Point Average (GPA) Grade 9 through | h 1st semester of Grade 11: | Verified by: |
| Are you an American Legion Auxiliary Junior Mem | ber? (circle one) Yes No If Yes, Unit #: | Are you a Junio |
| ROTC member? (circle one) Yes No If Yes, Rank: _ | | Do you plan to attend a Militar |
| Academy? (circle one) Yes No If Yes, Name: | Is the | here anything that may prevent you from |
| participating in the activities of Virginia Boys/Girls | State? If YES, please explain | |
| Are either of your parents a veteran or currently in the | he military? (please circle) Yes No | |
| If so, Please List Name: | Branch of Service | »: |
| Are either of your parents/grandparents a member of | f the American Legion/ Auxiliary? (please | e circle) Yes No Name of Post/ Unit: |
| American Legion Men | nbership Number: | |



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REQUIREMENT: On a separate sheet of paper, please type, double space, why you wish to

attend American Legion Boys/ Girls State of Virginia. On the top of the page, line 1, type your name on the LEFT and the name of your school on the RIGHT. Under your name, on Line 2, type your email address and under the name of your school, type your cell phone number. Use additional pages to document your community service hours during high school, including the dates of service performed, the name of your supervisor/leader, and their phone number and email address.

The interview dates below are for each group with the start time only. Times will be communicated by email.

- Girls State Interviews will be conducted on: Sunday, March 16. 1:00 p.m. to 4:00 pm.
- Boys State Interviews will be conducted on: Monday, March 17th. 5:00 p.m. to 8:00 p.m.

All selected delegates and alternates, along with their parents/ guardians will be expected to attend an informational meeting:

- Girls State Informational Meeting will be held on: As of now, it is set for a Zoom Meeting at 2:00 on June 7th.
- Boys State Informational Meeting will be announced the evening of the interviews.

To the best of my knowledge all information provided above is true and accurate:

| parents may be responsible for full reimbursement of \$650 to the Stafford American Legion. | | |
|---|--|--|
| | Parent's Signature | |
| | _ Student's Signature | |
| Please contact Fargo Wells at wellsrf@staffordschools.net for any quastions concerning Girls State. | questions concerning Boys State and Sheri Pierce | |

(Note: If elected to attend Boys/Girls State and you become a No Show or Cancel after June 1, you and your

Check out Boys State: http://www.vaboysstate.org
Check out Girls State: http://www.vagirlsstate.org
Check out Post 290: http://www.staffordpost290.org





STAFFORD AMERICAN LEGION VIRGINIA BOYS/GIRLS STATE APPLICATION FORM

School Activities - Grades 9 to Present (Continue on additional page if needed)

| Activity and Years Participating | Offices Held Recognition/Awards | Advisor/ Sponsor Name and Phone Number |
|----------------------------------|---------------------------------|--|
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Outside Activities to include Community Service - Grades 9 to Present (Continue on back or attachment if needed)

| (Continue on back of attachment if needed) | | | |
|--|---------------------------------|--|--|
| Activity and Years Participating | Offices Held Recognition/Awards | Advisor/ Sponsor Name and Phone Number | |
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