



The American Legion Poulsbo Post 245
2010 Citizen Application

Evergreen Boys State

P.O. Box 678, Poulsbo WA 98370

www.EvergreenBoysState.org

Application Postmark Deadline is February 1, 2010

This application **must** be mailed to The American Legion Poulsbo Post
245 via mail for processing. Please Type or Print Clearly

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email Address: _____

Parent or Guardian: _____

Address, City, State, Zip _____

Telephone _____ - _____ - _____ Email Address: _____

High School _____ HS Counselor's Name _____

Counselor's Email address _____ Your 9th-11th Cum GPA (attach transcript) _____

Your HS extracurricular activities include _____

Your non-HS extracurricular activities include _____

Do you have a military relative (Y/N)? _____ State the relationship _____

Branch of Service and Dates Served _____

Attach minimum 300 word essay that addresses our questions of why you wish to attend, what you intend to gain from the experience, and how your school and your community will immediately benefit from your participation in Evergreen Boys State.

I am a U.S. citizen. I understand the principles and purpose of The American Legion, Evergreen Boys State. I will comply with all the Rules and Regulations of the program as explained to me. I understand that I am obligated to attend the entire week of June 20th through June 26th, 2010 at The American Legion Evergreen Boys State. I will participate in this program to the best of my ability. After successful completion of the program, I will return to my sponsoring American Legion Post the following Fall and give a 5 minute oral presentation of my Evergreen Boys State experience.

Applicant Signature _____ Date _____

(Please answer Yes or No)

Do you have any medical conditions you are currently being treated for by a physician? _____

Do you have any special medical needs? _____

Do you have any physical requirements that may need the assistance of others? _____

Are you currently using any prescription drugs? _____

If you answered YES to any of the above questions, you MUST explain.

Medical Explanation _____

Applicant Signature _____ Parent Signature _____

A parent or guardian of the Evergreen Boys State, prospective Citizen, must sign the following waiver.

In consideration of benefits to be derived by my son, _____ in the event he is a Citizen of The American Legion, Department of Washington Evergreen Boys State held at Central Washington University in Ellensburg, Washington. I hereby voluntarily waive any claim against The American Legion Evergreen Boys State Incorporated and/or The American Legion, Department of Washington. Any accident or other situation that may arise or occur in connection with travel to or from, attendance at, or participation in this session of The American Legion Evergreen Boys State, from the time of his departure from home until his return thereto shall be exempt of all or any recourse.

Should my son require medical treatment or hospitalization for any accident or illness during this session of The American Legion Evergreen Boys State, the attending physician and/or hospital is authorized to treat my son. I will release all such diagnostics and treatment information as may be necessary to complete any insurance claims.

Parent or Guardian Signature _____ Date _____

I, the undersigned Parent or Guardian, have discussed the responsibilities and duties of participation in The American Legion Evergreen Boys State with my son. He is aware of his obligation to follow all the rules of The American Legion Evergreen Boys State. I have made him aware he may be subject to disciplinary action, for violation of Evergreen Boys State rules. I am aware his violation of these rules may result in his being expelled from The American Legion Evergreen Boys State session, and at my expense for any costs incurred.

Further, once my son is accepted as a Citizen to Evergreen Boys State and fails to attend without 21 days prior written notice, I will reimburse American Legion Post 245 for all costs incurred on behalf of my child. I release use of my child's name and likeness for publication concerning his attendance of The American Legion Department of Washington Evergreen Boys State program session.

Parent or Guardian Signature _____ Date _____

Applicant
Signature _____ Date _____

Please Note - The completion and return of this form is not an indication of your acceptance as a Citizen to this prestigious American Legion Program. It is simply a nomination on your behalf. Applicants will be required to interview and/or to attend an orientation. The final selection and award of tuition funds to cover the \$275.00 Citizen's Tuition fee is at the sole discretion of the American Legion Post 245. You will be responsible for payment of a \$100.00 Delegate Registration Fee if you are selected as a Citizen. Transportation arrangements are made through the local American Legion Post.

This application is not valid without appropriate signatures where indicated.

Once the appropriate American Legion Post Officer signs below, the tuition has been paid by a sponsoring Post, and the application is processed in The American Legion Department Office, you will receive your Citizen's Notification with further instructions. You are then obligated to attend the full program.

USE ONLY for the American Legion Evergreen Boys State Chairman:

Chairman's NAME _____ Phone # 1- ____ - ____ - _____

Your Local American Legion Post is:

Post NAME _____ Phone # 1- ____ - ____ - _____

Post Chairman's or Post Commander's Signature (required)

Date _____ Name _____