



# The American Legion Evergreen Boys State

The American Legion Department of Washington, P.O. Box 3917 Lacey, WA 98509-3917 [www.EvergreenBoysState.org](http://www.EvergreenBoysState.org)

## 2017 Application to Attend Evergreen Boys State Program June 18-24, 2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Preferred T-Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

High School: \_\_\_\_\_ H.S. Counselor/Advisor: \_\_\_\_\_

H.S. Counselor/Advisor Email Address: \_\_\_\_\_

Any information relevant to your application you would like us to know:

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Evergreen Boys State aims to allow every interested young man to attend regardless of family financial situation. Costs to attend are \$400. You may request tuition assistance from a local American Legion Post and/or a Sponsor to help pay.

**Please check one:**                     I and my family will pay the \$400 fee to attend  
    I need to request financial assistance to attend

### Important Information and Terms

By submitting this application, I accept and understand the purpose of The American Legion Evergreen Boys State. I will comply with the rules and regulations of the program, and if selected am obligated to attend the entire week of June 18-24, 2017. By applying, I agree to participate in this program to the best of my ability.

I understand and accept these expectations                    YES                    NO

I understand the local selection process will require more action/information from me                    YES                    NO

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_