The American Legion Department of Washington, P.O. Box 3917 Lacey, WA 98509-3917 www.EvergreenBoysState.org

201, Application to Attend

Evergreen Boys State Program June 17-23, 2018

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:	
Evergreen Boys State aims to allow every interfinancial situation. Costs to attend are \$450. You American Legion Post and/or a Sponsor to help	, ·
	my family will pay the \$450 fee to attend to request financial assistance to attend
Boys State. I will comply with the rules and reg	derstand the purpose of The American Legion Evergreen gulations of the program, and if selected am obligated to y applying, I agree to participate in this program to the best
I understand and accept these expectations	s YES NO
I understand the local selection process will require more action/information from me YES NO	
Student's Signature	Date