



2024 American Legion Auxiliary CORNHUSKER GIRLS STATE DELEGATE/ALTERNATE APPLICATION FORM.....Deadline March 1, 2024

DELEGATE

ALTERNATE _____

SECTION 1: APPLICANT INFORMATION (To be completed by Applicant – PLEASE PRINT LEGIBLY)

Name _____
First Name Middle Name Last Name

Mailing Address _____
Street, Post Office Box or Rural Route

_____ City State Zip Code

Phone (____) _____ - _____ DOB ____/____/____
MM/DD/YYYY

Email _____

Parent/Guardian Name(s) _____
Name of person(s) you reside with

Parent/Guardian Phone (____) _____ - _____

Should I be selected as a citizen of the 2024 Cornhusker Girls State program, I voluntarily sign that I have received, read, and will adhere to the Cornhusker Girls State Pledge (received with this application). I am available for participation in the entire program June 2-8, 2024.

Applicant's Signature _____ Date _____

SECTION 2: SCHOOL CERTIFICATION (To be completed by School Official prior to submission)

_____ Name of High School Location

I certify that the above named student meets the scholarship, citizenship, health and leadership requirements of Cornhusker Girls State.

_____ Signature of Superintendent, Principal, or Guidance Counselor Title Date

←Complete Reverse Side→

SECTION 3: PARENTAL WAIVER
(To be completed by Applicant Parent or Guardian)

I do hereby give consent for the above named applicant to participate in any activities which are scheduled parts of the Cornhusker Girls State program to be held June 2-8, 2024. I also release and discharge the American Legion Auxiliary, Department of Nebraska, Inc., its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by any reason of any illness, injury, or accident incurred or suffered by the above named applicant while in attendance at, or during participation in the Cornhusker Girls State program.

Signature of Parent or Guardian

Date

I give permission to the American Legion Auxiliary Department of Nebraska to use the applicant's picture and/or name, individual and/or groups in Cornhusker Girls State media presentations, web site, and press releases should she be selected as a 2024 delegate. Additionally, I give permission for the above named applicant's name to be provided to dignitaries who may want to send a congratulatory letter to attendees.

Signature of Parent or Guardian

Date

If the above named applicant does not attend Girls State or cancels her participation in the 2024 program after May 1, 2024, and an alternate is unable to attend, I agree to reimburse her sponsoring American Legion Auxiliary Unit or contributing organization for the \$400 fee.

Signature of Parent or Guardian

Date

SECTION 4: SPONSORING AMERICAN LEGION AUXILIARY UNIT
(To be completed by Unit following application review, prior to submitting to Girls State)

Unit Number _____ Unit City _____ Unit District _____

Unit Contact Person _____

Mailing address _____ City _____ State _____ Zip _____

() - _____ () - _____
Cell Phone Home Phone Email address – Please list if you have one.

Mail completed application to: **ALA Cornhusker Girls State**
150 NW 40th St – Unit B
Lincoln NE 68528

Include \$400 application fee

Checks payable to: **ALA Cornhusker Girls State.....APPLICATION DEADLINE – MARCH 1, 2024**

American Legion Auxiliary, Department of Nebraska
CORNHUSKER GIRLS STATE 2024

CORNHUSKER GIRLS STATE PLEDGE

As a citizen of Cornhusker Girls State of the American Legion Auxiliary, Department of Nebraska, I voluntarily make the following pledge:

- I will be present for every portion of the Girls State session and will remain for its entirety, June 2-8, 2024.
- I understand that this is an Americanism program and that it is a study of city, county and state government. I will salute the American flag during the procession of colors, and stand, if physically able, and salute during the Pledge of Allegiance and National Anthem.
- I will take a serious and conscientious interest in discharging my duties as a citizen of Girls State.
- If elected to office, I will serve that office to the best of my ability.
- I will obey the rules of Girls State.
- I will abide by the judgement of those responsible for this Americanism program.
- I will live in residence as a citizen of Girls State.
- In so far as possible, I will take an active part in the affairs of the party in the city and county to which I am assigned.
- I will be fair and honest in all my dealings with fellow citizens.
- I will return to the high school I represent for at least one semester of my senior year.
- I will make a formal report (written or oral) of my impressions of Girls State to my sponsoring and/or contributing organization(s) upon my return home.
- I am not a member of and do not subscribe to the principles of any group opposed to the form of government of the United States of America.

Applicant's Signature

____/____/____
Date

Applicant, please read and sign. Make a copy for your records and return the **signed** copy along with your Girls State application to your Auxiliary Unit or other designated person.