

## Oregon Boys State 2023

## **Application/Certification Form**

Complete the applicant information, print, and have your parents and school complete their respective sections. You may scan and send this form by email to boysstate.director@orlegion.org, or by postal mail to P.O. Box 1730, Wilsonville, OR 97070-1730. The cost of the program is \$350.00

Express Application Form  Name of Applicant			Applicant Phone	
Full Address	City	Zip Code	Applicant Email	
Parent	Parent Email		Parent Phone	
High School & GPA	Awards, Honors		Future Goals/Career	
Birthday	Applicant Signature	Applicant Signature		
American Legion will not pay any comincluding marijuana, liquor, and firearm exposed to topics or language of an aduwill provide a list of all medications, b Graduation requires him to attend the comembers, staff, and officers from any lipsychological injuries. I will indemnify	pensation or fees to promote its progra s, or engage in other unlawful activitie: It nature. I agree to carry medical insur- both over-the-counter and prescription complete program. I hereby release The ability that my child/children suffered	ams. My child understands the during his week at Oregon arance, which applies for the on, to the Director. I certify read American Legion, Oregon during or because of particip		
Parent Signature: Date:				
the following requirements: a) Is curi	his candidate is a junior or home so rently in the Junior Class; b) Has qu	ualities of leadership, chara	one semester to complete at my High School. He meets acter, scholarship, service, citizenship, and mitted to being present for the entire session.	
School Name		School Location	School Escausii	
Student GPA		Class of	Class of	
Student Awards, Activities, Offices Ho	eld			
Printed Name		Please affix the scho	Please affix the school seal over your signature	
Signature		Date	Date	
			_	
To be completed by The American Legion Authorization: The for participation in the Boys State pro	his is to certify that a representative of c	our Post met with this candid	ate personally and agrees that he meets all requirements,	
Post Number:	Signature of Sponso	or:		
Commander or Chainman Name			Date	
Address	City		Zip Code	
Email	Home Phone		Cell Phone	

Please **circle** your shirt size.

(Shirts run smaller than average) X-Small Small Medium Large X-Large XX-Large XXX-Large