



# Oregon Boys State 2025

## 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](mailto:boysstate.director@orlegion.org), or by postal mail to P.O. Box 1730, Wilsonville, OR 97070-1730. **The cost of the program is \$450.00. Suspense date: May 16, 2025.**

Express Application Form		
Name of Applicant		Applicant Phone
Full Address	City	Zip Code
Applicant Email		Parent Email
Parent	Parent Email	Parent Phone
High School & GPA	Awards, Honors	Future Goals/Career
Date Of Birth	Applicant Signature	

**Parent Permission:** My minor child is a legal resident of Oregon and has permission to attend Oregon Boys State. He is in good physical and mental condition, with exceptions noted, and may participate in any indoor or outdoor activity. The American Legion may secure treatment in an emergency until they reach me. The American Legion may use his likeness (photo, video, audio) or share information about his attendance for promotional purposes. I understand The American Legion will not pay compensation or fees to promote its programs. My child understands the rules and agrees not to use tobacco products and illegal drugs, including marijuana, liquor, and firearms, or engage in other unlawful activities during his week at Oregon Boys State. I acknowledge that my child/children might be exposed to topics or language of an adult nature. I agree to carry medical insurance, which applies for the duration of the Oregon Boys State program. Upon arrival, I will provide a list of all medications, both over-the-counter and prescription, to the Director. I certify my son meets school certification requirements (below). Graduation requires him to attend the complete program. I hereby release The American Legion, Oregon Boys State, Oregon State University, and all of their members, staff, and officers from any liability that my child/children suffered during or because of participation in this event, including but not limited to physical or psychological injuries. I will indemnify and hold them harmless for any damage caused or liability incurred by my child/children.

Parent Signature:

Date:

**To be completed by a school official**

<b>School Certification:</b> I certify that this candidate is a junior or home school student with at least one semester to complete at my High School. He meets the following requirements: a) Is currently in the Junior Class; b) Has qualities of leadership, character, scholarship, service, citizenship, and sportsmanship; c) is physically able to participate in all phases of an active program, and d) Is committed to being present for the entire session.	
School Name	School Location
Student GPA	Class of
Student Awards, Activities, Offices Held	
Printed Name	Please affix the school seal over your signature
Signature	Date

**To be completed by The American Legion AFTER the Interview**

<b>American Legion Authorization:</b> This is to certify that a representative of our Post met with this candidate personally and agrees that he meets all requirements, for participation in the Boys State program.		
Post Number:	Signature of Sponsor:	
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