

AMERICAN LEGION AUXILIARY



**GIRLS STATE APPLICATION
SCHOOL CERTIFICATION**

Student First Name: _____ **Last Name:** _____

School Name: _____

School City/State/Zip Code: _____

To be completed by a school official: School Certification:

I certify that the above applicant is a high school junior or home school (ESD) equivalent who has at least one semester to complete as a senior. She meets the following requirements: a) Was selected from the current 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 (unless specified above), and; d) Is committed to be present for the entire session.

School Official: Please attach the student's official transcript to this form. THANK YOU!

School official's name (please print): _____

Signature: _____ **Date:** _____

Student: Mail this signed certification, transcript and a check to:

**American Legion Auxiliary of Oregon
Girls State Application
PO Box 1730
Wilsonville, OR 97070-1730**