



AMERICAN LEGION 2015 KEYSTONE BOYS STATE



**2015 PROGRAM DATES:
JUNE 21 – JUNE 27**

APPLICATION INSTRUCTIONS:

1. Using your computer, electronically fill out the PDF form boxes in the attached application. The application is enabled to work with Adobe Reader and Acrobat.
2. When you have completed the PDF boxes on the first and second pages, save the application to your hard drive or thumb drive, etc.
3. Attach the saved PDF application to an e-mail and send to kbsapplication@gmail.com. Receipt of this portion of the application will hold your reservation while funding is finalized by your sponsoring Post.
4. If you are unable to send an e-mail, “snail-mail” a printed copy to the Harrisburg address at the bottom of page 2 of the application. (Reservations are assigned by the date the application is received from you (by e-mail or by mail to Harrisburg), until our 2015 quota (300 citizens) is reached.)
5. Print your saved application from Step 2, above, and complete all other blanks by pen, including parent information and signatures and medical information.
6. We recommend that about 6 weeks before the ALKBS start-date of 21 June, you forward your fully-completed application from Step 5 to a local American Legion post (c/o Post Adjutant) to obtain sponsorship. (Many posts vote on funding requests only at their monthly meetings.) You can find a search tool for locating American Legion Posts at <http://www.legion.org/posts>.
7. If, after 30 days from submitting your application you have not received acknowledgement from Legion Headquarters of receipt of your application and Post funding, contact Sharon at (717) 730-9100, and ALKBS Dean: Darren Fossett at darren.fossett@gmail.com.
8. If you have any questions about completing this application please reach out to the Dean, Darren Fossett at darren.fossett@gmail.com or Director Bob Munhall at bob.munhall@att.net



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Student Name
(hereafter known as **Keystone "Citizen"**) _____ **Nickname** _____
First MI Last

Address _____
Street/Rd City State Zip

Home Phone _____ **Cell Phone** _____ **Citizen's Email** _____
(Confirmation letter will be emailed. Correct and working email address is imperative)

Date of Birth _____ **Grade to be Completed June 2015** _____ **Tee Shirt Size** _____
MM / DD / YYYY S M L XL XXL

School District _____ **High School** _____ **Principal** _____
..... If home schooled, enter "Home School" for School District and High School

Name of Teacher/Coach/Guidance Counselor/ Principal/other person nominating you for KBS 2015:

First Last Nominating Person's email or phone number

PA Voting Districts: PA House _____ **PA Senate** _____ **US Congressional District** _____
Your districts can be accurately located using your address and the following web link: <http://goo.gl/QmGnM>

List your Activities, Work and Leadership Experience. Need more space? Summarize salient points here; attach additional details on separate page.

PLEASE INDICATE YOUR INTEREST IN THE FOLLOWING WITH: Yes, No, or Maybe

At KBS are you interested in: **Honor Guard** __; **Running for Office** __; **Media Program** __; **Playing in the Band** __;
Intramural Sports __; **Operating a Business** __; **Other** _____

PLEASE CHECK YOUR CURRENT INTERESTS IN ANY OF THE FOLLOWING CAREER FIELDS:

Arts & humanities __; **Business & financial** __; **Education** __; **Government & political** __; **Health care** __; **Law** __;
Military __; **Non-profit** __; **Science & technology** __; **Other** __

PLEASE PROVIDE YOUR HOMETOWN NEWSPAPER NAME, ADDRESS & TELEPHONE:

PARENT/GUARDIAN CONSENT, PERMISSION AND RELEASE STATEMENT

In consideration of instruction and training to be given to _____ (son's name) as a citizen of the Department of Pennsylvania American Legion Keystone Boys State (ALKBS) to be held June 21-June 27, 2015 at Shippensburg University, I hereby give consent for him to participate fully in all planned activities, including a field trip to Harrisburg scheduled as part of the program. We release and discharge The American Legion, Department of Pennsylvania, and/or ALKBS, its officers, staff and counselors from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by _____ (son's name) while in attendance at Keystone Boys State, no matter how caused or occasioned, including travel to and from home to Shippensburg, PA. It is further understood that said son's individual, medical or special needs are explained in MEDICAL INFORMATION on page 3 of this application and that he will participate in all phases of the program. I also give permission for him to be photographed during participation in KBS. I understand the photos may be used to promote the program in future years.

Parent / Guardian Signature & Date

FOR OFFICIAL USE ONLY
Check #: _____
From: _____
Date: _____



Parent/
Guardian
Name _____ Address _____

Sponsoring Organization (Legion, Self, Parents, other, etc.) _____ Post # _____

Post/Organization Contact Person _____ Phone _____

If applying for Samsung Scholarship, check Yes: _____. Samsung applications not submitted with the KBS application must be turned in at registration. At submission, applications must contain all required supporting documents, including proof of service of veteran and High School transcripts. **THERE WILL BE NO EXCEPTIONS OR WAIVERS FOR INCOMPLETE SUBMISSIONS.**

CITIZEN AGREEMENT

I, _____, am making application to attend KBS to enhance my education and to further prepare me for life. I understand KBS is not a camp, but rather an educational process. I make this application of my own free will and will abide by all rules and guidelines of KBS. I understand that The American Legion and/or another sponsor will have paid for my attendance and the money may not be refundable. If I am unable to attend I will notify the sponsor as far in advance as possible.

Signature of Citizen

Date

KBS CITIZEN:

KBS Citizens will receive receipt of application email and welcome packet email from ALKBS Staff. If either is not received within 30 days of submitting the application to your local AL Post, please contact Legion Headquarters at (717) 730-9100 and Dean: Darren Fossett at darren.fossett@gmail.com.

We are making an effort to be **green** by sending electronic documents. However, if you will require paper copies of all future correspondence, please check here: _____.

CONTACT KBS STAFF:

For questions on the application process or American Legion Keystone Boys State in general, email Dean: Darren Fossett at darren.fossett@gmail.com (preferred) or call at (570) 982-4840 or contact Program Director Bob Munhall at (724) 612-7614.

LEGION POSTS: PLEASE MAIL **COMPLETED APPLICATION AND CHECK FOR TUITION IN**
THE AMOUNT OF \$175.00 (made payable to PA American Legion) TO:

*Pennsylvania American Legion
ATTN: KBS
PO Box 2324
Harrisburg PA 17105*



EMERGENCY CONTACT

Name: _____ Relationship to Citizen: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Personal Physician: _____ Phone No: (____) _____

PARENTAL CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES

This will certify that we (I), the undersigned parent (s) or guardians (s) of _____ do, on this date: _____, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

Signature and printed name of Father or Guardian

Signature and printed name of Mother or Guardian

Street, City, State and Zip Code

MEDICAL INFORMATION

Date of last Tetanus Immunization: _____

- Allergy to a medicine, food, plant or insect bites Learning Disability Epilepsy Lung Trouble Hepatitis
- Asthma Convulsions Heart trouble Diabetes Fainting Spells Bleeding Disorders Other

Explain _____

Does citizen take medicine daily or have special care? No Yes If yes, please explain and list all :

EMERGENCY MEDICAL CONTACT

Name: _____ Relationship to Citizen: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Personal Physician: _____ Phone No: (____) _____