



AMERICAN LEGION KEYSTONE BOYS STATE



**2014 PROGRAM DATES:
JUNE 22 – JUNE 28**

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.
2. When you have completed the PDF boxes on the first and second pages, save the application electronically 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 sponsor.)
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 2014 quota (250 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 KBS start-date of 22 June, you forward your fully-completed application from Step 5 to your local American Legion post (c/o Post Adjutant) to obtain sponsorship. (Many posts vote on funding requests only at their monthly meetings.) If, after 30 days, you have not received acknowledgement from Legion Headquarters of receipt of your application and Post funding, contact Sharon at (717) 730-9100, and Program Director Darren Fossett at darren.fossett@gmail.com
7. If you have any questions about completing this application, contact Program Director Darren Fossett at darren.fossett@gmail.com or (570) 982-4840.



AMERICAN LEGION 2014 KEYSTONE BOYS STATE



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 2014** _____ **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 2014:

First Last Nominating Person's email or phone number

PA Voting Districts: PA Senate _____ **PA House** _____ **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 American Legion, Department of Pennsylvania Keystone Boys State (KBS) to be held June 22-June 28, 2014 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 KBS, 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.

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

 Parent / Guardian Signature & Date



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: (____) _____