



AMERICAN LEGION 2017 KEYSTONE BOYS STATE



2017 PROGRAM DATES: JUNE 18 – JUNE 24

- Fill out the first page of this application using Adobe Acrobat or Adobe Reader (Reader is free at <https://get.adobe.com/reader/>) and save it to your hard drive, or cloud, thumb drive, etc.
- After saving your application, check it to ensure the data fields were saved properly, then attach it to an e-mail addressed to kbsapplication@gmail.com. Our receipt of this application will hold your reservation while funding is finalized by your sponsoring American Legion Post.
- Now print a copy of this completed application and deliver or mail it to your sponsoring American Legion. Posts can be located at: <http://www.legion.org/posts>. You may need to contact more than one Post Commander or Adjutant to find a Post that is able to sponsor you. If you have difficulty with this step, e-mail the staff at kbsapplication@gmail.com. We can help.
- If, after about 5 – 6 weeks, you have not received from Legion Headquarters: 1) acknowledgement they received your printed application from your sponsoring Post, and 2) your Welcome Packet in the mail, then contact Sharon Delancey at (717) 730-9100, and the staff at kbsapplication@gmail.com.
- If you have any questions about completing this application, please e-mail the staff at kbsapplication@gmail.com.

Student Name _____ Nickname _____ Date of Birth _____
First MI Last (If any) MM / DD / YYYY

Address _____
Street/Road City County State Zip

Student's Email _____ Home Phone _____ Cell Phone _____
(Confirmation of application receipt and other correspondence will be emailed. Correct and working email address is imperative)

HS grade you will have completed by June 2017 _____ Tee Shirt Size _____ (S M L XL XXL etc.)

High School _____ If home schooled, enter "Home School"	Teacher/Coach/Guidance Counselor/Principal or other person nominating you for KBS First & Last names: _____ E-mail address: _____
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PA Voting Districts: PA House _____ PA Senate _____ US Congressional District _____
Find the districts for your home address at: <http://goo.gl/QmGnM> Please ensure you put the correct district number in the correct blank!

List your Activities, Work and Leadership Experience. Need more space? Summarize salient points here; attach your additional info on a 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 ____

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 ____

You have now completed the electronic portion of your application. In compliance with instruction #1 & #2 at the top of this application, save the just-completed first page, attach it to an e-mail and send it electronically to kbsapplication@gmail.com. The full application must be completed, printed and submitted to your sponsoring American Legion Post.

SAMSUNG SCHOLARSHIP

An explanation of the scholarship and eligibility requirements are given at <https://www.legion.org/scholarships/samsung>. On that same page is a link to Samsung FAQ's, and a link to the 2017 application that will be available on or after 1 Jan 2017. There are additional suggestions and guidance for applying for this scholarship at www.pa-legion.com/programs/student-programs/keystone-boys-state/.

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

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 18-June 24, 2017 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 the form to be submitted to KBS at time of registration on 18 June 2017 at Shippensburg University 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, Name & Date

Address, if different from son's address above

CONTACTING KBS STAFF:

For questions on the application process, e-mail the staff at kbsapplication@gmail.com. For questions on American Legion Keystone Boys State in general, email the KBS Program Dean: Carl Will at carl.j.will@gmail.com, or (570) 242-5292; or contact the KBS Director, Jacques Weedon at 717-729-0335 or weedonsr@yahoo.com.

AMERICAN LEGION POST SPONSORS:

Post # _____ District # _____ Post KBS Contact: _____
Name and Phone or E-mail

Forward this application with your Post's KBS tuition check for \$175 to:

The Pennsylvania American Legion (KBS)
P.O. Box 2324,
Harrisburg, PA 17105

FOR KBS OFFICE USE ONLY

Check #: _____

From: _____

Date: _____

Dist / Post: _____ / _____