

ELIGIBILITY: High school students who participate in and complete either an American Legion Boys State or Auxiliary Girls State program and is a direct descendant, i.e. child, grandchild or legally adopted child of a U. S. Veteran who served during a period of war. Furnish requested information when completing this application. Do not attach any documents or additional pages to this application, except as requested. All other documentation or added pages will be discarded.

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Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

E-mail: _____ **Telephone:** _____

Date of Birth: Month _____ **Day** _____ **Year** _____

I am the (state your relationship): _____

of (Veteran's Name): _____

Veteran's Address (if living): _____

City: _____ **State:** _____ **Zip:** _____

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who served active duty during one or more of the following periods (Circle all that apply):

(April 6, 1917 -November 11, 1918) World War I

(December 7, 1941 - December 31, 1946) World War II

(June 25, 1950 - January 31, 1955) Korean War

(February 28, 1961 - May 7, 1975) Vietnam War

(August 24, 1982 - July 31,1984) Lebanon/Grenada

(December 20, 1989 - January 31, 1990) Operation Just Cause

**(August 2, 1990 - Today)* Operation Desert Shield/Desert Storm
and Until Cessation of Hostilities.**

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High School Record: This section to be completed by a High School Official.

Number of Students in High School: _____

Number of Students in Applicant's Class: _____

Cummulative Grade Point Average (GPA): _____ **GPA scale is:** _____
(i.e. 4 or 6 or 12 point, etc)

Expected Date of Graduation: _____

Signature: _____ **Date** _____

Print Name & Title: _____

**Affix School Stamp
or Seal**

Print and send us your completed application to:

**John E. Jacobs
American Legion Post 68
PO Box 521
Leland, NC 28451**