2021 AMERICAN LEGION BOYS' STATE COUNTY/SCHOOL CERTIFICATIONS

| Candidate Name | | | | | |
|------------------------------|---|--|--|--|--|
| | | | | | |
| Alternate Delegate | | | | | |
| | COUNTY | | | | |
| Signature of County Chairman | County Chairman (Print Name) | | | | |
| E-Mail Address | Phone Number | | | | |
| | | | | | |
| | is a Junior in High School, has at least an 80% or "B" average, has at school and has developed leadership in his high school activities. septed at Boys' State. | | | | |
| Signature of School Official | Name of High School | | | | |
| FOR HEADQUARTER'S USE ONLY | | | | | |
| No. Boys' State Cit | Boys' State County | | | | |
| Replacement(Y/N) | Date Posted/ | | | | |

Date

Rev 12/28/2020

Cancelled

Reason

<u>COMMITMENT STATEMENT</u> READ COMPLETELY BEFORE SIGNING

- I. I will be available to attend the virtual program.
- II. I understand I am a guest of the American Legion and, as such, will obey the rules of Boys' State. I will read the Boys' State handbook and I will make every attempt to speak to a former Boy Stater and/or Legionnaire before arrival to learn more about the program.
- III. I will take a serious and conscientious interest in the discharge of my duties as a citizen of Boys' State.
- IV. I will take an active part in the affairs of the party in the City and County to which I am assigned and, if elected to office, will serve to the best of my ability.
- V. I will respect the judgment of the Counselors, Directors, and Advisors and understand that the Board of Directors reserves the right to accept or reject any application for membership in Boys' State.

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|--|---|---|--|---|
| ARE YOU STILL INTERESTED IN A | ATTENDING 1 | BOYS' STATE???? | ? – PLEASE SIGN | BELOW |
| I,(Name of school, County, and American Legion Porun from June 27, 2021 through July 1, 20 attending on these dates. I am also aware Assembly in order to be a bonafide gradu I am aware that my parents or I may be as tuition. | ost in the 2021 E 2021 and that I hat I am obliga- tate of American | Boys' State program. ave no prior commitmated to complete the en Legion Boys' State | I am aware that the p ments that will hinder entire program and at . If I do not complete | orogram will or me from tend the Final or the program, |
| Candidate Signature | | | | |
| Parent/Guardian Signature | | | | |
| State of New York) | | | | |
| County of) ss | ;.: | | | |
| On the day of, | in the year 20_ | , before me, the un | dersigned, a Notary I | Public in and |
| for said State, personally appeared | (Name of C | andidate) | | |
| and (Name of Parent/G personally known to me or proven to me on name(s) is (are) subscribed to the within it in his/her/their capacities, and by his/her/their behalf of which the individual(s) acted, expenses the subscribe of t | on the basis of instrument and /their signature(| acknowledged to me s) on the instrument, | that he/she/they exec | cuted the same |
| | Notary Pub | lic | | |

Rev 12/28/2020