



# AMERICAN LEGION KEYSTONE BOYS STATE



## **APPLICATION INSTRUCTIONS:**

1. Using your computer, electronically fill out the PDF form boxes in the attached application.
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 application to an e-mail and send to [kbsapplication@gmail.com](mailto: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 2013 quota (250 citizens) is reached.)
5. Print your saved, partially-completed application and complete all other blanks by pen, including parent information and signatures.
6. At least one month prior to the 15 May deadline, forward your fully-completed application to your local American Legion post (c/o post adjutant) to obtain sponsorship. (Many posts vote on funding sponsorship 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 Deputy Director Darren Fossett at [darren.fossett@gmail.com](mailto:darren.fossett@gmail.com)
7. If you have any questions about completing this application, contact Deputy Director Darren Fossett at [darren.fossett@gmail.com](mailto:darren.fossett@gmail.com) or (570) 982-4840.



# AMERICAN LEGION KEYSTONE BOYS STATE



**2013 APPLICATION DATES**  
**JANUARY 15 - MAY 15**

**2013 PROGRAM DATES**  
**JUNE 23 - JUNE 29**

**Student Name**

(hereafter known as Keystone "Citizen") \_\_\_\_\_ Nickname \_\_\_\_\_  
First & MI Last

**Address** \_\_\_\_\_  
Street/Rd, City, State and Zip

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

**Date of Birth** \_\_\_\_\_ **Grade Completed June 2013** \_\_\_\_\_ **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 2013:**

\_\_\_\_\_  
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 the following web link: <http://goo.gl/QmGnM>

**List your Activities,  
Work Experience and/or  
Leadership Experience**

**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 \_\_\_; Teaching \_\_\_; Other \_\_\_

**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 23-June 29, 2013 at Shippensburg University, I hereby give consent for him to participate fully in all planned activities, as well as participation in 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, demand, 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 does not require individual, medical or special attention 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/Org. Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Hometown Newspaper  
Address & Telephone \_\_\_\_\_

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 is not 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 KBS 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 Deputy Director Darren Fossett at [darren.fossett@gmail.com](mailto: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 Keystone Boys State in general, email Deputy Director Darren Fossett at [darren.fossett@gmail.com](mailto:darren.fossett@gmail.com) (preferred) or call at (570) 982-4840 or contact Chairman Tim French at (201) 981-3703.

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

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

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### 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

### EMERGENCY 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: (\_\_\_\_) \_\_\_\_\_