



**American Legion Auxiliary  
Louisiana Girls State Delegate Interest Form**

Please complete this form in its entirety and return to [LAGirlsState@gmail.com](mailto:LAGirlsState@gmail.com) with the subject line: **Interest Form: (Delegate Name)**. Interest Forms submitted without a recommendation letter included **will not** be considered for the ALA Louisiana Girls State Program. All interest forms received will be sent to the respective District Procurement Chairman for review. **Interest forms DO NOT guarantee acceptance into Louisiana Girls State.** All Interest Forms will be reviewed and Louisiana Girls State program staff has the right to refuse any application based on the answers supplied within the form. District Procurement Chairmen will contact the delegate if they are selected to attend ALA Louisiana Girls State. **Interest forms will be accepted from February 1, 2024 through May 1, 2024 at 11:59pm.**

Applicant’s Full Name (Printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Applicant’s Cell Number: \_\_\_\_\_

Parent’s or Guardian’s Name: \_\_\_\_\_

Parent or Guardian Cell Number(s): \_\_\_\_\_

Parent or Guardian Email Address(s): \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

I, the parent or guardian of the above named applicant, has full knowledge of my daughter’s application to be a Delegate for the American Legion Auxiliary Louisiana Girls State program.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, acknowledge the submission of my application to be a Delegate for the American Legion Auxiliary Louisiana Girls State program. If selected, I intend to participate as a delegate and will attend ALA Louisiana Girls State in Natchitoches, Louisiana during June 16-22, 2024. The American Legion Auxiliary Louisiana Girls State program **requires** attendance for the entire session. Will any activity prevent your attendance or full participation starting on Sunday, June 16, 2024 through the closing ceremony on Saturday, June 22, 2024?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QUESTIONNAIRE:**

Applicant's Name (Please Print Full Name):

**(You may attach additional paper if necessary to support your answer for the questions below.)**

Do you know what the purpose of the American Legion Auxiliary (ALA) is? If so, please explain.

---

---

What do you believe is the purpose of the ALA Girls State program?

---

---

Why would being a delegate for ALA Louisiana Girls State be important to you?

---

---

How do you actively participate in exemplary citizenship in your community?

---

---

---

In your opinion, what is the value and function of our government and democratic processes? How do those processes impact your life today?

---

---

---

In your opinion, what do you believe are the characteristics and traits to be a successful leader?

---

---

---

List School Activities and Number of Years Participated

---

---

---

List Honors Awarded:

---

---

---

**LETTER OF RECOMMENDATION**

**(Required)**

Why do you think that \_\_\_\_\_ should be chosen as a Delegate for Girls State?

**\*\*A separate letter may be submitted with signature\*\***

---

Name (Please Print)

Title/Relationship to Delegate

---

Signature

Contact Phone Number