5 Verti Drive, Winslow, Maine 04901-0727 <u>www.mainelegion.org</u> - <u>DirigoStateME@gmail.com</u> Tel: (207) 873-3229 FAX: (207) 872-0501



Thanks for your interest in DIRIGO State 2024!

DIRIGO State (the merged Boys State and Girls State programs) is among the most respected and selective educational programs of government instruction for U.S. high school students. A participatory program in which students become part of the operation of local, county and state government.

Delegates learn the rights, privileges, and responsibilities of franchised citizens. The training is objective and centers on the structure of city, county, and state governments. Operated by students elected to various offices, activities include legislative sessions, court proceedings, law-enforcement presentations, assemblies, bands, and recreational programs.

DIRIGO State is open to high school juniors. Individual expenses are paid by a sponsoring post, a local business, parents, the school, or another community-based organization.

If selected, each delegate will be eligible to earn scholarships as well as the potential to be elected to represent Maine in Washington, DC at Girls Nation (https://www.legion.org/boysnation/about).

Enclosed is the application packet, please talk to your guidance department to learn more.

During the program we will have many guest speakers and instructors such as Maine congressional delegates, law enforcement, town managers, judges, state representatives, veteran leaders, alums of the program, and more.

The 2024 program starts Sunday, June 16 with graduation on Friday, June 21, 2024, at 3 pm. Our host college this year is Colby College located at 4000 Mayflower Hill Drive in beautiful Waterville.

The American Legion, The American Legion Auxiliary, and the Sons of The American Legion are excited to offer this opportunity to young adults across our state in 2024.

It truly is a once in a lifetime experience.

Feel free to reach out with any questions: DirigoStateMe@gmail.com

Jason T. Hall Matthew Leclair

Department Adjutant DIRIGO State Director

207-522-5471 207-693-7389

Jason@mainelegion.org DirigoStateMe@gmail.com

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DIRIGO STATE APPLICATION

The American Legion Family DIRIGO STATE Program

JUNE 16-21, 2024

Student's Name:				
Phone Number:				
Mailing Address:				
Mailing Address.				
Town/State:				
<u>Zip Code:</u>				
High School Name:				
Personal Email Address: (NOT school email)				
Parent/Guardian Name:				
Physical Address:				
Phone Number(s):				
<u>T-Shirt Size:</u>				
Sponsor:				
<u>Sponsor Phone:</u>				
Sponsor's Address:				
Principal Name:				
School Tel. No.:				
School Email Address:				
Please describe why this student has been nominated and speak to the characteristics or qualifications they may bring to the program (continue on the back if more space is needed):				

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CONSENT FORMThe American Legion Family DIRIGO STATE Program

	by give consent for Legion Family DIRIGO ST	ATE program to be held June 16-21, 202	to participate in the 24 , at Colby College.		
By sig	ning this form, I understand th	nat:			
	12:00 pm . Due to the intensifor a delegate to be released a case-by-case basis with the of the delegate. Therefore, a the duration of the program.	olby College on Sunday, June 16, for ch ty of the program, late arrivals, early depart I temporarily and returning on the same depoint of the support I telegates should be prepared to arrive I tricipate in the band should arrive Sunday	cures, and any request ay will be handled on orted by the parent(s) on time and stay for		
2.	Graduation is at 3:00 p.m. on Friday, June 21. Departure follows graduation.				
3.	. My student is requested not to bring an automobile to the program; however, if it is necessary to do so, they will not be allowed to use it until departure. Keys will be collected and stored in the locked DIRIGO STATE office.				
4.	Parts of the DIRIGO STATE program may be filmed and/or photographed as part of the production of multimedia to promote the program. By granting consent for my student to attend the DIRIGO STATE program, I hereby consent to my student being filmed and/or photographed while participating in the program. I understand that any media produced during the program may contain videos and/or images of my student. I further understand that videos and/or images of my student may appear on the American Legion website and/or other social media websites operated by the DIRIGO STATE program.				
Paren	t(s) or Guardian(s) name:				
Paren	t(s) or Guardian(s) signature:				
Paren	t E-mail:				
Dated	l:				

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MEDICAL AUTHORIZATION FORM

The American Legion Family DIRIGO STATE Program

I hereby autho	rize The American Legion	Family, DIRIGO	STATE to co	onsent to	medical trea	atment for my child
or its staff resp faith with the b	le to give such consent. In consible for the conseque est interest of my child in mo	nces of exercisi	e American ng this pow	Legion Factorial English Legion Factorial English Legion Factorial English Eng	amily, DIRIG ng as such p	persons act in good
of my child. I w for treatment of shown this me	nt to any treatment by any vill not hold any hospital o upon receiving the consendical authorization. By corestaff from liability for tranger, 4 pm.	r physician resp nt of The Ameri nsenting to treat	onsible for t can Legion tment for my	the conse Family, D y child, I a	equences of DIRIGO STA also release	accepting my child TE and upon being any member of the
other), current handicaps we contains THC of Form space postudent by the		orescription or onese call for spec d at the progran be kept locked	OTC), diabe cial arranger n. If yes, ple in the DIRIG	etic, vision ments in ease indic SO STATE	n or hearing advance? cate on Med	g impairment, other OTC medicine that dical Authorization
If you have a fa	amily doctor who should b	e contacted, ple	ease indicate	e:		
Doctor:				Phone:		
INSURANCE I	NFORMATION:					
Name of parer	nt(s) group medical insurar	nce carrier:				
Policy or certifi	icate number:					
Parent to whor	m policy was issued:					
Child's Date of	f Birth:					
Parent(s) or G	uardian(s) signature:					
EMERGENCY	CONTACT(s):					
Name:		1	Name:			
Relationship:		F	Relationship	:		
Phone:		F	Phone:			

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MEDICAL AUTHORIZATION FORM

The American Legion Family DIRIGO STATE Program

MEDICAL	or PHYSICAL	CONDITIONS,	including pre	escriptions and	d OTC medica	tions:

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PERFORMING ARTS APPLICATION

The American Legion Family DIRIGO STATE Program

The pride of DIRIGO STATE is the State band. This dynamic musical troupe proudly represents DIRIGO STATE and performs at assemblies. If you are interested in being a part of this prestigious group, please carefully read and complete the form below.

Being a member of this group will in no way interfere with participation in any part of the DIRIGO

STATE program a	and is completely optional.	
Name:		
Tel. No.:		
E-mail address:		
Note: students w	vanting to participate in the band should arrive on Sunday, June 1	6 th at 9am.
your selection int	years of lessons (school or private). The listing of this information is to the group, as well, to determine general experience of the groupst in the selection of music. Please bring all equipment required to pa	, as a whole,
	n order of proficiency. If saxophone, list whether Alto, Tenor or Bariton e treble or bass clef.	e. If Baritone
EXPERIENCE:		