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 2025!

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. The tuition is \$400 per student. In the T-Shirt Size Block please include gender (male or female).

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) or Boys 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 2025 program starts Sunday, June 15 with graduation on Friday, June 20, 2025, 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 2025.

It truly is a once in a lifetime experience.

Feel free to reach out with any questions: <u>DirigoStateMe@gmail.com</u>

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 15 -20, 2025

Student's Name	
Phone Number:	
Mailing Address:	
Town/State/Zip Code	/
High School Name:	
Personal Email Address: Not School E-mail	
Parent or Guardian Name	
Physical Address:	
Phone Number(s):	
T-Shirt Size: Male/Female	
<u>Sponsor:</u>	
Sponsor Phone:	
Sponsor's Address:	
Principal Name:	
School Tel. No.:	
School Email Address:	
Please describe why this	s 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):

Dated:

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CONSENT FORM

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MEDICAL AUTHORIZATION FORM

The American Legion Family DIRIGO STATE Program

I hereby authorize The American Legion Family, DIRIGO STATE to consent to medical treatment for my child							
or its staff res	ole to give such consent. I sponsible for the conseque best interest of my child i wided as soon as possible.	will not hold The ences of exercising n mind. I expect	e American ng this pow	Legion F	amily, DIRIG	ersons act in go	m, oc
of my child. I v treatment upo this medical a	ent to any treatment by any vill not hold any hospital or on receiving the consent of uthorization. By consenting om liability for transporting.	physician respon The American Lo to treatment for	sible for the egion Fami my child,	e conseq ly, DIRIG I also rele	uences of acc O STATE and ease any mer	cepting my child f upon being show mber of the DIRIC	fo wr GC
current medic we should be CBD will not	Are there any medical or plines being taken (prescription aware of, please call for spoke permitted at the programedicine will be kept locked	ion or OTC), diab ecial arrangemen am. <u>If yes, plea</u>	etic, vision nts in adva se indicate	or hearing	ng impairmer C medicine th dical Authori	nt, other handica nat contains THC zation Form spa	oi oi
If you have a f	amily doctor who should be	e contacted, plea	se indicate	Doctor:			
				Phone:			
INSURANCE I	INFORMATION:						
Name of parent(s) group medical insurance carrier:							
Policy or certif	icate number:						
Parent to who	m policy was issued:						
Child's Date o	f Birth:						
Parent(s) or G	Guardian(s) signature:						
EMERGENCY	CONTACT(s):						
Name:		N	ame:				
Relationship:		Re	elationship:				
Phone:		Pł	none:				

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MEDICAL AUTHORIZATION FORM

The American Legion Family DIRIGO STATE Program

MEDICAL or PHYSICAL CONDITIONS, including prescriptions and OTC medications:								

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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	and is completely optional.	
Name:		
Tel. No.:		
E-mail address:		
Note: students	wanting to participate in the band should arrive on Sunday, June 15	5 th at 9am.
your selection fo	years of lessons (school or private). The listing of this information is or the group, as well as to determine overall experience of the group ection of music. Please bring all the equipment required to participate.	
	, in order of proficiency. If saxophone, list whether Alto, Tenor, or Baritor te treble or bass clef.	ne. If Baritone
EXPERIENCE:		