

**DIRIGO STATE**

5 Verti Drive, Winslow, Maine 04901-0727

[www.mainelegion.org](http://www.mainelegion.org) - [DirigoStateME@gmail.com](mailto:DirigoStateME@gmail.com)

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-aux.org/ALA-Girls-Nation/>) 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: [DirigoStateMe@gmail.com](mailto:DirigoStateMe@gmail.com)

Jason T. Hall  
Department Adjutant  
207-522-5471  
[Jason@mainelegion.org](mailto:Jason@mainelegion.org)

Matthew Leclair  
DIRIGO State Director  
207-693-7389  
[DirigoStateMe@gmail.com](mailto: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

Sponsor:

Sponsor Phone:

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 FORM**

**The American Legion Family DIRIGO STATE Program**

I hereby give consent for

to participate in the American Legion Family DIRIGO STATE program to be held **June 15 - 20, 2025**, at Colby College. By signing this form, I understand that:

1. My student must arrive at Colby College on **Sunday, June 15, for check-in beginning at 12:00 pm**. Due to the intensity of the program, late arrivals, early departures, and any request for a delegate to be released temporarily and returning on the same day will be handled on a case-by-case basis with the DIRIGO STATE Director and will be supported by the parent(s) of the delegate. Therefore, all delegates should be prepared to arrive on time and stay for the duration of the program.

**\*Note: students wanting to participate in the band should arrive Sunday, June 15<sup>th</sup> at 9am.**

2. Graduation is at 3:00 p.m. on Friday, June 20. 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.

Parent(s) or Guardian(s) name:

Parent(s) or Guardian(s) signature:

Parent E-mail:

Dated:

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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:

should an emergency arise and should I not be readily available to give such consent. I will not hold The American Legion Family, DIRIGO STATE program, or its staff responsible for the consequences of exercising this power, so long as such persons act in good faith with the best interest of my child in mind. I expect to be informed of my child's condition and of the treatment provided as soon as possible.

I further consent to any treatment by any hospital or physician, which in their judgment is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of The American Legion Family, DIRIGO STATE and upon being shown this medical authorization. By consenting to treatment for my child, I also release any member of the DIRIGO STATE staff from liability for transporting my child to a medical facility. This authorization expires on June 20, 2025, at 4 pm.

**PLEASE NOTE:** Are there any medical or physical conditions we should know about i.e., allergies (food or other), current medicines being taken (prescription or OTC), diabetic, vision or hearing impairment, other handicaps we should be aware of, please call for special arrangements in advance? OTC medicine that contains THC or CBD will not be permitted at the program. **If yes, please indicate on Medical Authorization Form space provided.** All medicine will be kept locked in the DIRIGO STATE office and administered to the student by the medical staff.

If you have a family doctor who should be contacted, please indicate Doctor:

Phone:

**INSURANCE INFORMATION:**

Name of parent(s) group medical insurance carrier:   
Policy or certificate number:   
Parent to whom policy was issued:   
Child's Date of Birth:

***Parent(s) or Guardian(s) signature:***

**EMERGENCY CONTACT(s):**

Name:  Name:   
Relationship:  Relationship:   
Phone:  Phone:

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**MEDICAL AUTHORIZATION FORM**  
**The American Legion Family DIRIGO STATE Program**

**MEDICAL or PHYSICAL CONDITIONS, including prescriptions and OTC medications:**

A large, empty rectangular box with a thin black border, intended for the user to write down medical or physical conditions, 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<sup>th</sup> at 9am.**

List experience, years of lessons (school or private). The listing of this information is to determine your selection for the group, as well as to determine overall experience of the group and thereby assist in the selection of music. Please bring all the equipment required to participate.

List instruments, in order of proficiency. If saxophone, list whether Alto, Tenor, or Baritone. If Baritone Horn, please state treble or bass clef.

**EXPERIENCE:**