

The American Legion Auxiliary **GEORGIA GIRLS STATE, INC.**



This is the pre-application form for Girls State. This is the only part of the application the Unit needs to complete. All other parts of the application will be completed online by the future citizen, her parents/guardians, and the school. Once you submit this pre-application, the links to other portions of the application will be sent directly to them. PLEASE print clearly. Email this application to georgiagirlsstate.tech@gmail.com. Or send in the US Mail to Deedy Harrell 800 E 10th Avenue, New Smyrna Beach, FL 32169. Or you may screenshot the completed form and text to Cynthia Orms at 478-232-4831. Beginning March 1st, weekly updates will be sent to each Unit that has submitted this form. This form will NOT be accepted without the sponsoring unit/post authorization in the last section.

Student Name			Date of Birth
Student Name First M	Iiddle	Last	
Home address		City	StateZip
Girl's Cell phone ()			
(Home) or Parent's Cell Phone ()		
Girl's email			
	unt (yahoo	, gmail, att, etc.) or use y	your Family Email account. The school
Family email			
N. 1411 277 1 2 1 1			
Name and Address of High School			
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Name & Title and email address of Scapplication. Please print. Name of School Official Email address American Legion Auxiliary Unit or Leguin Control of School Official	_Ph	ial (Counselor) who will Information to be filled	input information for the online out by the Unit/ Post Contact Person