

**School Certification Form for American Legion Auxiliary Illinois Girls State**

Applicant/Student's Name \_\_\_\_\_

Applicant is a member of the current junior class of High School of \_\_\_\_\_

School District \_\_\_\_\_#

1. Is student a Junior in the 2025-2026 school year? \_\_\_\_\_

2. Is student a legal resident of The United States? \_\_\_\_\_

3. Does student have good character? \_\_\_\_\_

4. Does student possess outstanding qualities of leadership and good citizenship? \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

The school administrator will be contacted by ALA Illini Girls