

# Michigan American Legion Boys' State Program

*"A Week That Shapes A Lifetime"*

**June 22-28, 2025**

At Grand Valley State University-Allendale



The purpose of the Michigan American Legion Boys' State program is to educate young men in the internal workings of our form of government. This is achieved by providing a stage from which to learn, by allowing them to create the 51st State in the Nation. This State includes all forms of government at the city, county, and state level. They might become a deputy sheriff of a county or be elected governor. They learn from being involved. Involvement is what makes a difference in our form of government. We hope that our program is a stepping stone to bigger and better things for all those who attend.

**Time and Place:** Our Boys' State program will be held on the campus of Grand Valley State University in Allendale beginning on the morning of Sunday, June 22, and ending after graduation on the afternoon of Saturday, June 28, 2025. All students will be housed on campus, and meals will be provided by the university dining service.

**Eligibility Requirements:** Michigan Boys' State is open to young men who have completed their junior year of high school (or the equivalent of 11<sup>th</sup> grade in an accredited homeschool program) and who have one or two semesters of high school remaining.

**Who Should Attend?** Students who demonstrate an interest in government and politics. Students that are leaders or demonstrate the potential to lead in a positive manner. This includes student council members, class officers, members of debate teams, band members or anyone else that would benefit from this leadership development experience.

**Costs:** Application Fee- \$25.00 Non-refundable (paid by the student)

Program Fee- \$400.00 (paid by American Legion Post or other Community Sponsor)

*If you are having trouble obtaining a sponsor to pay the \$400 program fee, please indicate that in the sponsor section then send your application with the \$25 application fee to department headquarters and we will attempt to secure a sponsorship for you to attend the program.*

**Sponsor:** Anyone can sponsor a delegate(s) to attend the program such as an American Legion Post, Sons of the American Legion Squadron, American Legion Auxiliary Unit, civic organization, business, club, school, family, or interested individuals. If unsure of which Legion Post to contact locally, please refer to the post locator found at [www.legion.org/posts](http://www.legion.org/posts) or call department headquarters at (517) 220-2754 for assistance.

**Refund Policy:** Any delegate who, for unforeseen reasons, cannot fulfill his obligations to attend the program before the application deadline date of May 1, 2025, will need **his sponsor** to submit a written request to The American Legion Department of Michigan Attn: Boys' State, 212 N. Verlinden Ave. Ste A Lansing, MI 48915 to receive a full refund. Refunds in writing received from May 2 – June 20, 2025, will result in a deduction of \$45 (administration fee) per boy. **\$25 application fee is non-refundable.** Once the Boys' State program starts, there will be NO REFUNDS for delegates who do not attend the program.

If you have questions or concerns contact Ashley at 517-220-2754 or [legion@michiganlegion.org](mailto:legion@michiganlegion.org)

**Application Deadline is May 1, 2025**



The American Legion Michigan Boys' State Delegate Application



Instructions- Read Carefully

- Complete pages 2-5 in their entirety. All pages must be completed in order for the application to be accepted. Please PRINT all information legibly to ensure additional information is sent to your home and badges/certificates are printed correctly. (PDF fillable application available online at michiganboysstate.org) The \$25 application fee (paid by delegate) and the \$400 program fee (paid by sponsor) must accompany the application. Applications that are received without the \$25 application fee will not be processed. Make checks out to "The Michigan American Legion Foundation" and include "Boys' State" in the memo line. Mail payment with application to: The American Legion, Department of Michigan, Attn: Boys' State, 212 N. Verlinden Ave., Lansing, MI 48915. Application must be received by May 1, 2025.

Boys' State Delegate Information

Delegate Name \_\_\_\_\_ First MI Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Tee Shirt Size (check one):  S  M  L  XL  2XL  3XL

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Would you like to play in the Boys' State Band?  No  Yes, and I play the \_\_\_\_\_

Are you a direct descendant of a veteran?  No  Yes

Do you plan on applying to a military academy?  No  Yes

Are you an Eagle Scout?  No  Yes

Are you an ROTC Cadet?  No  Yes

Parent Information

Name of Parent or Guardian \_\_\_\_\_

Is the parent address the same as the delegates?  Yes  No (If no, please provide their address below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent Cell Phone # \_\_\_\_\_

In case of emergency call (choose most reliable)  Home Phone  Cell

**School Information**

I attend a high school

High School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Studies/Political Science/History Teacher Name \_\_\_\_\_

Teacher's Email Address \_\_\_\_\_

I am homeschooled and I follow

Online College/Academy \_\_\_\_\_

Name of Program \_\_\_\_\_

Program Location \_\_\_\_\_ Program Website: \_\_\_\_\_

**Sponsoring Organization**

Name of Post or other sponsoring party that is paying the \$400 program fee for you to attend Boys' State. If there is more than one sponsor please attach a list to the back of this application. *The check for the program fee should be made out to 'Michigan American Legion Foundation' with 'Boys' State' written in the memo line.*

**Yes, I have a Sponsor.**      **I do NOT have a sponsor and would like help finding one.**

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Contact person \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person's email \_\_\_\_\_

**MEDICAL INFORMATION**

Delegate's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Phone: \_\_\_\_\_

Physicians' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Phone: \_\_\_\_\_

**INFORMATION NEEDED ABOUT DELEGATE**

Is there any chronic problem or illness?  No  Yes, explain \_\_\_\_\_

Has the delegate been treated recently for some medical problem?  No  Yes, explain \_\_\_\_\_

Are there any allergies to medications or local anesthesia?  No  Yes, \_\_\_\_\_

Any special dietary needs?  No  Yes, explain \_\_\_\_\_

**List any prescription medications currently being taken and for what reason:**

Name of Medication:	Reason for taking:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**HEALTH INSURANCE INFORMATION**

Name & address of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policyholder's Name and relationship to Patient: \_\_\_\_\_

Policyholder's complete address: \_\_\_\_\_  
\_\_\_\_\_

Name and address of Employer: \_\_\_\_\_  
\_\_\_\_\_

If you have HMO or PHP insurance-list the emergency treatment authorization phone # \_\_\_\_\_

**Parental Confirmation Form:** *This form must be completely filled out and signed by a parent or legal guardian in order for the application to be accepted. Check the appropriate box and initial for each part.*

**Part 1: Medical Treatment Authorization**

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_ do hereby authorize Mark Brejcha, Program Director, to seek any medical and/or surgical treatment required for treatment necessary for the care of my child. The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. Also, I authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent Initials: \_\_\_\_\_  Yes  No

**Part 2: Photo and Video Consent**

I understand that, as part of the Michigan American Legion Boys' State program, persons associated with the program and the news media may photograph, videotape, or record my son engaged in program activities. I hereby give permission for Michigan American Legion Boys' State program to published my son's likeness in Boys' State materials, Social Media sites and on the Boys' State Website.

Parent Initials: \_\_\_\_\_  Yes  No

**Part 3: Field Trip Permission**

I understand that my son (only if selected to an elected position) will be attending a field trip to downtown Grand Rapids, MI Government Offices and DeVos Learning Center on June 25/26, 2025. GVSU Laker Transportation will be providing transportation from Grand Valley State University in Allendale, Michigan to downtown Grand Rapids, Michigan. I hereby grant permission for my son to be transported to downtown Grand Rapids, MI Government Offices on June 25/26, 2025.

Parent Initials: \_\_\_\_\_  Yes  No

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOYS' STATE DELEGATE LETTER OF UNDERSTANDING: Signed by both the Boys' State Applicant and Parent/Guardian.**

By accepting the nomination to attend Boys' State, I agree to adhere to the following conditions:  
To participate in an active, constructive, and positive way. To cooperate with the Boys' State staff at all times. To attend the entire seven-day session unless excused by written permission from parent that should be attached to this form. To stay within the boundaries announced by the Boys' State staff. To respect university property and the property of others. To be courteous and respectful to guests and speakers. To refrain from the use of alcohol and controlled substances. To leave squirt guns, water balloons, skateboards and fireworks at home. To obey the rules of the program and not hinder its smooth operation. To have a good time and learn!

**Boys' State Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail Pages 2-5 by May 1, 2025 to:**  
**The American Legion Dept. of Michigan**  
**Attn: Boys' State**  
**212 N. Verlinden Ave.**  
**Lansing, MI 48915**