



2026 American Legion Auxiliary CORNHUSKER GIRLS STATE

DELEGATE/ALTERNATE APPLICATION FORM

Deadline March 1, 2026

☐ DELEGATE

☐ ALTERNATE

SECTION 1: APPLICANT INFORMATION (To be completed by Applicant – PLEASE PRINT LEGIBLY)

Name _____
First Name Middle Name Last Name

Mailing Address _____
Street, Post Office Box or Rural Route

City

State

Zip Code

Phone (____) _____ - _____

DOB ____/____/____

MM/DD/YYYY

Email _____

Parent/Guardian Name(s) _____
Name of person(s) you reside with

Parent/Guardian Phone (____) _____ - _____

Should I be selected as a citizen of the 2026 Cornhusker Girls State program, I voluntarily sign that I have received, read, and will adhere to the Cornhusker Girls State Pledge received with this application. I am available for participation in the entire May 31 – June 6, 2026 program.

Applicant's Signature _____ Date _____

SECTION 2: SCHOOL CERTIFICATION (To be completed by School Official prior to submission)

Name of High School

Location

I certify that the above named student meets the scholarship, citizenship, health and leadership requirements of Cornhusker Girls State.

Signature of Superintendent, Principal, or Guidance Counselor

Title

____/____/____
Date

←Complete Reverse Side→

SECTION 3: PARENTAL WAIVER
(To be completed by Applicant Parent or Guardian)

I do hereby give consent for the above named applicant to participate in any activities which are scheduled parts of the Cornhusker Girls State program to be held May 31 – June 6, 2026. I also release and discharge the American Legion Auxiliary, Department of Nebraska, Inc., its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by any reason of any illness, injury, or accident incurred or suffered by the above named applicant while in attendance at, or during participation in the Cornhusker Girls State program.

Signature of Parent or Guardian

Date

I give permission to the American Legion Auxiliary Department of Nebraska to use the applicant's picture and/or name, individual and/or groups in Cornhusker Girls State media presentations, web site, and press releases should she be selected as a 2026 delegate. Additionally, I give permission for the above named applicant's name to be provided to dignitaries who may want to send a congratulatory letter to attendees.

Signature of Parent or Guardian

Date

If the above-named applicant does not attend Girls State or cancels her participation in the 2026 program after the preset nonrefundable cancellation deadlines of April 1, 2026 and/or May 1, 2026 AND an alternate is unable to attend, I agree to reimburse her sponsoring American Legion Auxiliary Unit or contributing organization for the nonrefundable portion up to the \$450 application fee.

Signature of Parent or Guardian

Date

SECTION 4: SPONSORING AMERICAN LEGION AUXILIARY UNIT
(To be completed by Unit following application review, prior to submitting to Girls State)

Unit Number _____ Unit City _____ Unit District _____

Unit Contact Person _____

Mailing address

City

State

Zip

() -
Cell Phone

() -
Home Phone

Email address – Please list if you have one.

Mail completed application with the \$450 application fee to:

**ALA Cornhusker Girls State
150 NW 40th Street, Unit B
Lincoln, NE, 68528**

Checks payable to: **ALA Cornhusker Girls State.....APPLICATION DEADLINE – MARCH 1, 2026**