

## **2025 GIRLS STATE INFORMATION AND REGISTRATION INSTRUCTIONS**

Location: The University of New Haven - West Haven, CT

Dates: Saturday, June 28th 2025 - Thursday July 3rd 2025

Fee: \$450.00 per delegate (does not include transportation to and from Girls State)

**PURPOSE:** The purpose of the American Legion Auxiliary Connecticut Laurel Girls State is to educate young women in the duties, privileges, rights, and responsibilities of American citizenship. We teach that a well-informed, intelligent, participating citizenry serves to protect and preserve our American institutions and democracy. Citizens organize their own city, county, and state governments. The young citizens “learn by doing”.

**THE PROGRAM:** Each day is carefully planned so that each student will have a part in the function of Girls State and the opportunity to learn for herself that her government is what she makes it. The entire program is non-partisan -- the “National” and “Federal” political parties organized during the session are purely mythical and for the sole purpose of enabling the students to set up their own city, county, and state governments, using the existing constitution and laws as guides.

**SELECTION OF STUDENTS:** The basic qualifications for Girls State candidates are leadership, scholarship, and character. Selection should be based on these qualifications rather than on a single achievement, such as excellence in scholarship or athletic proficiency. The selection should be approved by the faculty of the candidate's school and by a school official.

### **REGISTRATION STEPS:**

1. Students/Schools interested should contact the local American Legion Auxiliary Unit or American Legion Post. If do not know who to contact or cannot reach someone, please email our Chairman/Director at [ctgirlsstate@gmail.com](mailto:ctgirlsstate@gmail.com)
2. Once your student (s) is selected, please mail in the “2025 Delegate Unit Registration” form below.
3. If you have additional students you wish to send but do not have the funding, please mark them as alternates. We will contact them if funding becomes available. Please tell them their attendance is NOT CONFIRMED until we secure funding and contact them.
4. Once our office receives the completed form, selected students will receive an email with the next steps.
5. **Complete applications are due June 6th, 2025. Please ensure this form is completed fully and received promptly!!! Students will be emailed the following steps only once it is received in the Department Office. Information will not be sent to chosen students until the form is received in the office.**

# 2025 Delegate Unit Registration Form

Unit Number: : \_\_\_\_\_ Unit Contact Name: \_\_\_\_\_  
Unit Contact Phone: \_\_\_\_\_ Unit Contact Email: \_\_\_\_\_

**Please ensure this form is completed fully and received promptly!!! Students will be emailed the following steps only once it is received in the Department Office. Information will not be sent to chosen students until the form is received in the office.**

Please continue onto the back or print a new page if you need additional spaces.

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

Delegate Name: \_\_\_\_\_  
Delegate Email(Personal not school email): \_\_\_\_\_  
Delegate Phone Number: \_\_\_\_\_ High School Name: \_\_\_\_\_  
Please check if this student is an alternate \_\_\_\_\_

**Please mail this completed form and check to the following address:  
Checks made out to ALA Laurel Girls State**

**PO Box 266  
Rocky Hill, CT  
06067-0266**