



## AUXILIARY

Magnolia  
Girls State

### High School information

Must be filled out by the High School Counselor

Applicant's Name \_\_\_\_\_

GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ Month/Year of Graduation \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Counselor Name \_\_\_\_\_

Counselor Email \_\_\_\_\_

Principal Name \_\_\_\_\_

Principal Email \_\_\_\_\_

Counselor Signature \_\_\_\_\_