



# 2019 AACCS Youth Legislative Training Conference State Nomination Form

Priority Student Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

# \_\_\_\_\_ Home Address \_\_\_\_\_

Street City State Zip Code

Age \_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_ Grad. Year \_\_\_\_\_ Student's Email\* \_\_\_\_\_

Parents \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

Street City State Zip Code

Principal \_\_\_\_\_ Pastor \_\_\_\_\_

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Priority Student Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

# \_\_\_\_\_ Home Address \_\_\_\_\_

Street City State Zip Code

Age \_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_ Grad. Year \_\_\_\_\_ Student's Email\* \_\_\_\_\_

Parents \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

Street City State Zip Code

Principal \_\_\_\_\_ Pastor \_\_\_\_\_

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Priority Student Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

# \_\_\_\_\_ Home Address \_\_\_\_\_

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Age \_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_ Grad. Year \_\_\_\_\_ Student's Email\* \_\_\_\_\_

Parents \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

Street City State Zip Code

Principal \_\_\_\_\_ Pastor \_\_\_\_\_

- **State Associations** should fax or mail to the AACCS Legislative Office by Monday, April 1, 2019.
  - AACCS Legislative Office, ATTN: YLTC, 119 C Street SE, Washington, DC 20003. Fax: 202-547-2992
  - **Please Note:** Nomination forms should be sent with the following:
    1. A letter of recommendation for each student from his/her government teacher or administrator
    2. A short paragraph written by the student explaining why he/she desires to attend
- \*Important: The AACCS Legislative Office uses the student's email address as the primary means of communication. Please provide a usable email address.**