



2024 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 _____

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 _____

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 _____

- **State Associations** should email the forms to osummers@aaccs.org at the AACCS Washington Office by Monday, April 1, 2024.
- **Please Note:** Nomination forms should be sent with the following:
 1. A letter of recommendation for each student from his government teacher or administrator
 2. A short paragraph written by the student explaining why he desires to attend

***Important: The AACCS Washington Office uses the student's email address as the primary means of communication. Please provide a usable email address.**