



2010 AACCS YOUTH LEGISLATIVE TRAINING CONFERENCE

STATE NOMINATION FORM

Priority Student Name _____ Home Phone (____) _____

_____ Home Address _____
Street City State Zip Code

Age _____ Birthday _____ Sex ____ Grad. Year _____ Student's Email _____

Parents _____ Work Phone (____) _____

School Name _____ School Phone (____) _____

School Address _____
Street City State Zip Code

Principal _____ Pastor _____

Priority Student Name _____ Home Phone (____) _____

_____ Home Address _____
Street City State Zip Code

Age _____ Birthday _____ Sex ____ Grad. Year _____ Student's Email _____

Parents _____ Work Phone (____) _____

School Name _____ School Phone (____) _____

School Address _____
Street City State Zip Code

Principal _____ Pastor _____

Priority Student Name _____ Home Phone (____) _____

_____ Home Address _____
Street City State Zip Code

Age _____ Birthday _____ Sex ____ Grad. Year _____ Student's Email _____

Parents _____ Work 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 **FRIDAY, APRIL 23rd**
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 gov't. teacher or administrator*
- 2. A short paragraph written by the student explaining why he/she desires to attend*