



# 2025 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 ( \_\_\_\_ ) \_\_\_\_\_

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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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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](mailto:osummers@aaccs.org) at the AACCS Washington Office by Monday, April 7, 2025.
- **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.**