



2020 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 or mail to the AACCS Legislative Office by Monday, April 6, 2020.
- Email: hdebruler@aaccs.org | Mail: AACCS Legislative Office, ATTN: YLTC, 119 C Street SE, Washington, DC 20003.
- **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.**