## 2025 AACS 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@aacs.org at the AACS 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 AACS Washington Office uses the student’s email address as the primary means of communication.**

**Please provide a usable email address.**