



## 2012 AACNS 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 \_\_\_\_\_

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Parents \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
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School Address \_\_\_\_\_  
Street City State Zip Code  
Principal \_\_\_\_\_ Pastor \_\_\_\_\_

*\*Nomination forms should be sent with a letter of recommendation for the student, and the paragraph written by the student.*