



# AACS YOUTH LEGISLATIVE TRAINING CONFERENCE SCHOLARSHIP APPLICATION



## Faculty Recommendation

Student Name \_\_\_\_\_ School Code \_\_\_\_\_

Grade Entering: (check one) \_\_\_\_11 \_\_\_\_12 College Year \_\_\_\_

Why do you believe this student should attend this conference? Please include any honors or special achievements.

Current Cumulative GPA \_\_\_\_\_

Can you recommend this student without reservation to represent your school, our state organization, and AACS as a student of the highest Christian character and moral integrity? \_\_\_\_\_

Do you understand that transportation to and from Washington, DC, would be at the expense of the student? \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Mail application to ODACS, 3131 Valor Court, Broadway, VA 22815  
Or E-mail to [vaodacs@verizon.net](mailto:vaodacs@verizon.net)  
Or FAX to (540) 896-2179