



**AACS YOUTH LEGISLATIVE
TRAINING CONFERENCE
SCHOLARSHIP APPLICATION**



Faculty Recommendation

Student Name _____ School Code _____

Grade Entering: (circle 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 AACCS 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 FAX to (540) 896-2179
Or E-mail to vaodacs@icloud.com.