



STUDENTS INSIDE ALBANY CONFERENCE NOMINATION FORM

NOMINATOR'S INFORMATION

Name: _____ Title: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

NOMINEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____

SUPPORTING DOCUMENTATION

Please summarize your reason for nominating this individual:

Nominee Qualifications

- | | |
|---|--------------------|
| a. Interested in learning about NY State's Legislative Process? | Yes / No / Unknown |
| b. Has a grade point average of 80%? | Yes / No / Unknown |
| c. Has good attendance? | Yes / No / Unknown |

Please make an effort to confirm with the student that they are interested in attending the conference.

Signature: _____ Date: _____

ALL MATERIAL MUST BE RETURNED TO:
LEAGUE OF WOMEN VOTERS OF ROCKLAND COUNTY BY **February 14, 2024**
PO BOX 203 SLOATSBURG, NY 10974
845-709-8243 (VOICE AND TEXT MESSAGES) SIARCLWV@GMAIL.COM