



## STUDENT GOVERNMENT NOMINATION APPLICATION

**Student Name** \_\_\_\_\_

**Parent's Names** \_\_\_\_\_

**Age** \_\_\_\_\_ **Approximate Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone(s)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Interested Position (circle 1):**    President    Vice-President    Treasurer    Secretary

Representative 6-9

Representative 10-12

Representative 13-18

On an attached sheet, please answer the following questions:

What are your unique strengths and talents that you can add to the ACTS Student Council?

Why would you like to be on the ACTS Student Government Council?

**Whether I am elected or not, I agree to register for the Student Leadership Class in the fall of 2015 (2nd Period) and actively participate in the events and projects which will be planned during the ACTS 2015-2016 school year.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date