



Maryland Student Legislature

Application for Council of State Candidacy

Instructions: Complete and return to the Attorney General.

Full Name: _____

Delegation: _____ Graduation Date: _____

School Mailing Address: _____

School Phone: (____) _____ School Email Address: _____

Permanent Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Permanent Email Address: _____

EXPERIENCE

1. Number of MSL Events Attended: _____ Number of Annual Sessions Attended: _____
2. Have you previously held a Delegation, Council of State, or Council of State Appointee Position? _____
3. If yes, which office(s) did you hold, and for how long? _____
4. List all activities or employment in which you currently participate or will participate in the upcoming year, and describe their time commitment:

POSITION

I wish to declare my candidacy for the office of: _____

Name, Delegation and Title of Individual Nominating: _____

Name, Delegation and Title of Individual Seconding: _____

I hereby certify that the above information is true and valid to the best of my personal knowledge.

Signature

Date

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