

## **NAACP ACT-SO COMPETITION APPLICATION**

Contest Year 2017-18

Name of Sponsoring Unit									
Unit Name						Unit #			
This section to be completed by student applicant. Please print legibly.									
First Name					Last Name				
Address	Text								
City	State					Zip			
Home Phone	( ) - Cell P				one ( )	-			
E-mail Address									
Graduating Seniors: Are you planning to attend college Yes No				D.O.B.	1 1				
Returning Competitor Yes No				NAACP Member Yes No No					
Gender Male Female Other					U.S. Citizen	Yes	□ No □		
High School Name					Grade				
High School City					HS State				
Parent/ Guardian(s) Name									
Parent/Guardian(s) Cell Phone	( )	-	Parent E-m	nail Address					
Refer to the ACT-SO Category Descriptions and check the category (ies) for which you will create a project, artwork, or performance. Contestants may compete in no more than 3 competitions. Indicate the competition & for music competitors indicate instrument and/or voice - (ex; soprano, drums, saxophone, etc)									
STEM	2 101 1110	HUMANITIES	o moti amene ai	PERFORMI		, aramo, cano,	VISUAL ARTS		
☐ Architecture	(01)	☐ Music Composition	(10)	Dance: Ba		(15)	Drawing	(26)	
Biology/Microbiology	(01)	Original Essay	(10)	Dance: Contemporary		(16)	Filmmaking	(20)	
☐ Chemistry/Biochemistry	(03)	☐ Playwriting	(12)	Dance: M		(17)	Painting	(28)	
Computer Science	(04)	☐ Poetry—Written	(13)	Dance: Tr	aditional	(18)	Photography	(29)	
☐ Earth & Space Sciences	(05)	(14) Dramatic		5	(19)	Sculpture	(30)		
☐ Engineering	(06)			Music: Ins	str.—Classical	(20)			
☐ Mathematics	(07)			Music: Ins	str.—Contemp.	. (21)			
☐ Medicine & Health	(80)	BUSINESS		Music: Vo	Music: Vocal—Classical				
Physics	(09)		(24)	I —	cal—Contemp	. (23)			
		☐ Entrepreneurship	(31)	☐ Oratory		(24) (25)			
		CULINARY  Culinary Arts	(32)	☐ Poetry—F	Poetry—Performance				
Competition 1 & Instrument/Voice:									
Competition 2 & Instrument/Voice:									
Competition 3 & Instrument/Voice:									
ACT SO requires eller	mn otite -	s ho on omstern /hin	a not received	wage for w	rofossionala	omicos) in the	cotogorios of comm	atition Bu	
ACT-SO requires all cor signing below, I/we indi									
Student Signature						Date	1 1		
Parent/ Guardian(s) Signature						Date	/ /		
THIS SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON									
ACT-SO Chairperson									
Chairperson Signature						Date	/ /		