

## NAACP ACT-SO COMPETITION APPLICATION YEAR \_\_\_\_

UNIT NAME:	UNIT#:	
**THIS SECTION TO BE COMPLETED BY STUDENT APPLICANT. PLEASE PRINT LEGIBLY: Name:SS# Address:		
City: S	tate:	Zip:
City:S DOB <u>: / /</u>		
Phone Number: ( ) Gender: () male () female US Citizen: () Yes () No NAACP Member? () Yes () No Tele # E-mail Address: High School Name: Grade		
High School Address		
<ul> <li>Reference the ACT-SO Category Descriptions and identify the category for which you will create a project, artwork or performance.</li> <li>Please check the appropriate category(ies). Students may enter up to THREE (3) Categories.</li> </ul>		
SCIENCES HUMANITIES	PERFORMING ARTS	VISUAL ARTS
Biology/Microbiology (01)Chemistry/Biochemistry (02)Computer Science (03)Earth & Space Sciences (04)Engineering (05)Mathematics (06)Medicine and Health (07)Physics (08)Advancing to Nationals	Dance (13)Dramatics (14)Music Inst/Classical (15)Music Inst/Contemp (16)Music Vocal/Classical (17)Music: Vocal/Contemp (18)Oratory (19)Advancing to Nationals	Architecture (20)Drawing (21)Filmmaking (22)Painting (23)Photography (24)Sculpture (25)Advancing to Nationals BUSINESSEntrepreneurship (26)Advancing to Nationals
Entry Category & Title # 1:		
STUDENT SIGNATURE:	DATE:	
PARENTAL SIGNATURE:	DA	TE:
*** SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON ***  ACT-SO Chairperson		
Chairperson Signature:		Date: