



NAACP ACT-SO COMPETITION APPLICATION
YEAR _____

UNIT NAME: _____ UNIT#: _____

****THIS SECTION TO BE COMPLETED BY STUDENT APPLICANT. PLEASE PRINT LEGIBLY:**

Name: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____ / ____ / ____

Phone Number: (____) _____ Gender: () male () female

US Citizen: () Yes () No NAACP Member? () Yes () No

Tele # _____ E-mail Address: _____

High School Name: _____ Grade _____

High School Address _____

- ❖ Reference the ACT-SO Category Descriptions and identify the category for which you will create a project, artwork or performance.
- ❖ Please check the appropriate category(ies). Students may enter up to **THREE (3)** Categories.

SCIENCES	HUMANITIES	PERFORMING ARTS	VISUAL ARTS
<input type="checkbox"/> Biology/Microbiology (01)	<input type="checkbox"/> Music Composition (09)	<input type="checkbox"/> Dance (13)	<input type="checkbox"/> Architecture (20)
<input type="checkbox"/> Chemistry/Biochemistry (02)	<input type="checkbox"/> Original Essay (10)	<input type="checkbox"/> Dramatics (14)	<input type="checkbox"/> Drawing (21)
<input type="checkbox"/> Computer Science (03)	<input type="checkbox"/> Playwriting (11)	<input type="checkbox"/> Music Inst/Classical (15)	<input type="checkbox"/> Filmmaking (22)
<input type="checkbox"/> Earth & Space Sciences (04)	<input type="checkbox"/> Poetry (12)	<input type="checkbox"/> Music Inst/Contemp (16)	<input type="checkbox"/> Painting (23)
<input type="checkbox"/> Engineering (05)	<input type="checkbox"/> Advancing to Nationals	<input type="checkbox"/> Music Vocal/Classical (17)	<input type="checkbox"/> Photography (24)
<input type="checkbox"/> Mathematics (06)		<input type="checkbox"/> Music: Vocal/Contemp (18)	<input type="checkbox"/> Sculpture (25)
<input type="checkbox"/> Medicine and Health (07)		<input type="checkbox"/> Oratory (19)	<input type="checkbox"/> Advancing to Nationals
<input type="checkbox"/> Physics (08)		<input type="checkbox"/> Advancing to Nationals	BUSINESS
<input type="checkbox"/> Advancing to Nationals			<input type="checkbox"/> Entrepreneurship (26)
			<input type="checkbox"/> Advancing to Nationals

Entry Category & Title # 1: _____

Entry Category & Title # 2: _____

Entry Category & Title # 3: _____

STUDENT SIGNATURE: _____ DATE: _____

PARENTAL SIGNATURE: _____ DATE: _____

***** SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON *****

ACT-SO Chairperson _____

Address _____

City: _____ State: _____ Zip _____

- This student is a local gold medal winner and will advance to the National Competition.*
- I certify that all the information given above is correct. I also certify that I have read and fully understand all eligibility requirements and that I satisfy all of them.*

Chairperson Signature: _____ Date: _____