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
__Biology/Microbiology (01)	__Music Composition (09)	__Dance (13)	__Architecture (20)
__Chemistry/Biochemistry (02)	__Original Essay (10)	__Dramatics (14)	__Drawing (21)
__Computer Science (03)	__Playwriting (11)	__Music Inst/Classical (15)	__Filmmaking (22)
__Earth & Space Sciences (04)	__Poetry (12)	__Music Inst/Contemp (16)	__Painting (23)
__Engineering (05)	**__Advancing to Nationals**	__Music Vocal/Classical (17)	__Photography (24)
__Mathematics (06)		__Music: Vocal/Contemp (18)	__Sculpture (25)
__Medicine and Health (07)		__Oratory (19)	**__Advancing to Nationals**
__Physics (08)		**__Advancing to Nationals**	**BUSINESS**
__Advancing to Nationals			__Entrepreneurship (26)
			__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:_____