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**NAACP ACT-SO COMPETITION APPLICATION**

**YEAR \_\_\_2021\_\_**

UNIT NAME: \_**Fort Worth Tarrant County Branch** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT#: \_\_6178\_\_\_

**\*\*THIS SECTION TO BE COMPLETED BY STUDENT APPLICANT.**

Name:

Address:

City: State: \_\_**TX**\_\_Zip: Age:

Parent #: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_ Your # (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_

US Citizen: ( ) Yes ( ) No E-mail :

High School Name: Grade City

1. Please check your chosen category(ies). Students may enter up to **THREE** (3) Categories.

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| **STEM** | **HUMANITIES** | **PERFORMING ARTS** | **VISUAL ARTS** | **BUSINESS** |
| **Architecture\*** | **Music Composition** | **Dance: Ballet** | **Drawing\*** | **Entrepreneurship** |
| **Biology/Microbiology\*** | **Original Essay** | **Dance: Contemporary** | **Filmmaking** |  |
| **Chemistry/Biochemistry** | **Playwriting** | **Dance: Modern** | **Painting** |  |
| **Computer Science\*** | **Poetry/Written** | **Dance: Traditional** | **Photography** |  |
| **Earth & Space Sciences** | **Short Story** | **Dramatics** | **Sculpture** |  |
| **Engineering** |  | **Music: Instrumental—Classical** |  |  |
| **Mathematics\*** |  | **Music: Instrumental—Contemporary** |  |  |
| **Medicine and Health\*** |  | **Music: Vocal—Classical** |  |  |
| **Physics\*** |  | **Music: Vocal—Contemporary** |  |  |
|  |  | **Oratory** |  |  |
|  |  | **Poetry—Performance** |  |  |

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**Go to Categories on website to download the requirements for the competition(s) you selected**

Entry Category & Title # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Category & Title # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Category & Title # 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME: DATE:

1. ***TYPE***
2. ***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.***

PARENTAL NAME : DATE:

 ***TYPE***

ACT-SO Chairperson\_\_\_\_Sundra Davis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_ftwactso@gmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* THANK YOU for competing in ACT-SO \*\*\***