



## NAACP ACT-SO COMPETITION APPLICATION

Contest Year 2023/24

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                      |                                                                       |                       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|--------------------|
| <b>Name of Sponsoring Unit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                      |                                                                       |                       |                    |
| Unit Name                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Detroit Central Branch and Detroit NAACP Youth Council |                                                      |                                                                       | Unit #3134 and 3765   |                    |
| <i>This section to be completed by student applicant. Please print legibly.</i>                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                      |                                                                       |                       |                    |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                      |                                                                       | Last Name             |                    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                      |                                                                       |                       |                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                                                      | State                                                                 | Zip                   |                    |
| Home Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ( ) -                                                  |                                                      |                                                                       | Cell Phone            | ( ) -              |
| E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                                      |                                                                       |                       |                    |
| Graduating Seniors: Are you planning to attend college                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                      | D.O.B.                                                                | / /                   |                    |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                      |                                                                       |                       |                    |
| Returning Competitor Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                                      | NAACP Member Yes <input type="checkbox"/> No <input type="checkbox"/> |                       |                    |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                      | U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> |                       |                    |
| High School Name                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                      |                                                                       | Grade                 |                    |
| High School City                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                      |                                                                       | HS State              |                    |
| Parent/ Guardian(s) Name                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                      |                                                                       |                       |                    |
| Parent/Guardian(s) Cell Phone                                                                                                                                                                                                                                                                                                                                                                                                                                           | ( ) -                                                  |                                                      |                                                                       | Parent E-mail Address |                    |
| <p>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. Students competing in <b>Culinary Arts, Hospitality Management and Sustainable Design</b> cannot compete in any other category. Indicate the competition &amp; for music competitors indicate instrument and/or voice - (<b>ex; soprano, drums, saxophone, etc</b>)</p> |                                                        |                                                      |                                                                       |                       |                    |
| <b>STEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>HUMANITIES</b>                                      |                                                      | <b>PERFORMING ARTS</b>                                                |                       | <b>VISUAL ARTS</b> |
| <input type="checkbox"/> Architecture (01)                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Music Composition (10)        | <input type="checkbox"/> Dance: Ballet (15)          | <input type="checkbox"/> Drawing (26)                                 |                       |                    |
| <input type="checkbox"/> Biology/Microbiology (02)                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Original Essay (11)           | <input type="checkbox"/> Dance: Contemporary (16)    | <input type="checkbox"/> Filmmaking (27)                              |                       |                    |
| <input type="checkbox"/> Chemistry/Biochemistry (03)                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Playwriting (12)              | <input type="checkbox"/> Dance: Modern (17)          | <input type="checkbox"/> Painting (28)                                |                       |                    |
| <input type="checkbox"/> Computer Science (04)                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Poetry—Written (13)           | <input type="checkbox"/> Dance: Traditional (18)     | <input type="checkbox"/> Photography (29)                             |                       |                    |
| <input type="checkbox"/> Earth & Space Sciences (05)                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Short Story (14)              | <input type="checkbox"/> Dramatics (19)              | <input type="checkbox"/> Sculpture (30)                               |                       |                    |
| <input type="checkbox"/> Engineering (06)                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>BUSINESS</b>                                        |                                                      | <input type="checkbox"/> Music: Instr.—Classical (20)                 |                       |                    |
| <input type="checkbox"/> Mathematics (07)                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Entrepreneurship (31)         | <input type="checkbox"/> Music: Instr.—Contemp. (21) |                                                                       |                       |                    |
| <input type="checkbox"/> Medicine & Health (08)                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Hospitality Management (32)   | <input type="checkbox"/> Music: Vocal—Classical (22) |                                                                       |                       |                    |
| <input type="checkbox"/> Physics (09)                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>CULINARY</b>                                        |                                                      | <input type="checkbox"/> Music: Vocal—Contemp. (23)                   |                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Culinary Arts (33)            | <input type="checkbox"/> Oratory (24)                |                                                                       |                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | <input type="checkbox"/> Poetry—Performance (25)     |                                                                       |                       |                    |
| Competition 1 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                      |                                                                       |                       |                    |
| Competition 2 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                      |                                                                       |                       |                    |
| Competition 3 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                      |                                                                       |                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                      |                                                                       |                       |                    |
| Student Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                      |                                                                       | Date                  | / /                |
| Parent/ Guardian(s) Signature                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                                      |                                                                       | Date                  | / /                |
| <b>THIS SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                      |                                                                       |                       |                    |
| ACT-SO Chairperson LaToya A. Henry                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                      |                                                                       |                       |                    |
| Chairperson Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                                      |                                                                       | Date                  | / /                |