



Little Rock Branch NAACP

CONTESTANT APPLICATION

First Name:		M.I.	Last Name:	
Street Address:				
City:		State: Arkansas	Zip:	
Home Phone:		Cell Phone:	Email Address:	
Do you plan to enroll/enlist in:			D.O.B.	T-Shirt Size
Are you a returning competitor?		<input type="radio"/> Yes <input type="radio"/> No	Are you a member of the NAACP?	
			<input type="radio"/> Yes <input type="radio"/> No	
What is your gender:		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Are you a U.S. Citizen?	
			<input type="radio"/> Yes <input type="radio"/> No	
High School Name:		High School City:	Current Grade:	
Instagram:		Snapchat:		
Church affiliation, if any:				
Parent Info				
Name:				
Cell Phone:		Email Address:	FaceBook:	
Select one (1) to three (3) categories that you would like to compete in. Refer to the ACT-SO Category Descriptions at lnaACP.org/act-so/categories to help determine your selections.				
STEM		Humanities	Performing Arts	Visual Arts
<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 - Tradition (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)		<input type="checkbox"/> Music - Classical Instrumental (20)	Business	
<input type="checkbox"/> Mathematics (07)		<input type="checkbox"/> Music - Contemporary Instrumental (21)	<input type="checkbox"/> Entrepreneurship (31)	
<input type="checkbox"/> Medicine & Health (08)		<input type="checkbox"/> Music - Classical Vocals (22)	Culinary	
<input type="checkbox"/> Physics (09)		<input type="checkbox"/> Music - Contemporary Vocals (23)	<input type="checkbox"/> Culinary Arts (32)	
		<input type="checkbox"/> Oratory (24)	<input type="checkbox"/> Hospitality Management (33)	
		<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:				
ACT-SO Official				
Date:				

After completing this form online, download and email from your Finder Window to info@lnaACP.org