



## NAACP ACT-SO COMPETITION APPLICATION

Contest Year

2019-20

|                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|----------------------------------------------------------------------------------------|-----|--|
| Name of Sponsoring Unit                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Unit Name                                                                                                                                                                                                                                                                                                                                            |  | Charles County NAACP                                                                                                                                                                                                                      |  |  |                                                                                                                                                                                                                                                                                                                                            |  | Unit # 7016 |                                                                                        |     |  |
| This section to be completed by the student applicant. Please print legibly.                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| 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         |                                                                                        | No  |  |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           |  |  | U.S. Citizen                                                                                                                                                                                                                                                                                                                               |  | Yes         |                                                                                        | No  |  |
| High School Name                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |  |  | Grade                                                                                                                                                                                                                                                                                                                                      |  |             |                                                                                        |     |  |
| High School City                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |  |  | HS State                                                                                                                                                                                                                                                                                                                                   |  |             |                                                                                        |     |  |
| Parent/ Guardian(s) Name                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Parent/Guardian(s) Cell Phone                                                                                                                                                                                                                                                                                                                        |  | ( ) -                                                                                                                                                                                                                                     |  |  | Parent E-mail Address                                                                                                                                                                                                                                                                                                                      |  |             |                                                                                        |     |  |
| 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. <b>Students competing in Culinary Arts and Hospitality Management cannot compete in any other category.</b>                                             |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| STEM                                                                                                                                                                                                                                                                                                                                                 |  | HUMANITIES                                                                                                                                                                                                                                |  |  | PERFORMING ARTS                                                                                                                                                                                                                                                                                                                            |  |             | VISUAL ARTS                                                                            |     |  |
| Architecture (01)<br>Biology/Microbiology (02)<br>Chemistry/Biochemistry (03)<br>Computer Science (04)<br><input type="checkbox"/> Earth & Space Sciences (05)<br><input type="checkbox"/> Engineering (06)<br><input type="checkbox"/> Mathematics (07)<br><input type="checkbox"/> Medicine & Health (08)<br><input type="checkbox"/> Physics (09) |  | <input type="checkbox"/> Music Composition (10)<br><input type="checkbox"/> Original Essay (11)<br><input type="checkbox"/> Playwriting (12)<br><input type="checkbox"/> Poetry—Written (13)<br><input type="checkbox"/> Short Story (14) |  |  | Dance: Ballet (15)<br>Dance: Contemporary (16)<br>Dance: Modern (17)<br>Dance: Traditional (18)<br>Dramatics (19)<br>Music: Instr.—Classical (20)<br>Music: Instr.—Contemp. (21)<br>Music: Vocal—Classical (22)<br>Music: Vocal—Contemp. (23)<br><input type="checkbox"/> Oratory (24)<br><input type="checkbox"/> Poetry—Performance (25) |  |             | Drawing (26)<br>Filmmaking (27)<br>Painting (28)<br>Photography (29)<br>Sculpture (30) |     |  |
|                                                                                                                                                                                                                                                                                                                                                      |  | BUSINESS                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Entrepreneurship (31)<br><input type="checkbox"/> Hospitality Management (33)                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                      |  | CULINARY                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
|                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Culinary Arts (32)                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Competition 1 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Competition 2 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Competition 3 & Instrument/Voice:                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Student Signature                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  | Date        |                                                                                        | / / |  |
| Parent/ Guardian(s) Signature                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  | Date        |                                                                                        | / / |  |
| THIS SECTION TO BE COMPLETED BY ACT-SO CHAIRPERSON                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| ACT-SO Chairperson                                                                                                                                                                                                                                                                                                                                   |  | Krystle Lewis Johnson                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| <input type="checkbox"/> This person is a gold medal winner and will advance to the National Competition.                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  |             |                                                                                        |     |  |
| Chairperson Signature                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                                                                                            |  | Date        |                                                                                        | / / |  |

**A**CT-SO is a yearlong enrichment program that

culminates in a local, state and national competition where students compete for awards and scholarships totaling over \$50,000. ACT-SO, the “Olympics of the Mind”, seeks to promote positive self-esteem, academic & artistic excellence and positive interaction between youth and the adult professional community.

## Who is Eligible?

High School students in grades 9-12. Students must be an amateur in the category of competition. Students **must** compete in a local competition to qualify for the national ACT-SO competition.

## How to Compete?

- Visit [www.charlescountynaacp.org](http://www.charlescountynaacp.org). Click the ACT-SO tab and download criteria for your desired category(ies).

**Review the application and submit it by the March 20, 2020 deadline!** Students may compete in up to 3 categories.

Students seeking to compete in the following categories must submit their competition pieces by the application deadline as well:

- **Entrepreneurship**  
Business Plan
- **Humanities**  
Original Essay  
Play Manuscript  
Poem -- Poetry Written  
Short Story
- **Performing Arts**  
Music Composition  
Poem -- Poetry Performance

- **STEM**  
Science Papers

- Once your application is received, you will be sent registration information and competition time.

## **SUBMITTAL PROCESS**

**Applications and Competition Pieces  
Must Be Submitted Via email or**

### **Mail To:**

**Charles County ACT-SO**  
Attn: Krystle Lewis Johnson  
P.O. Box 2401 Waldorf, Md.  
20604

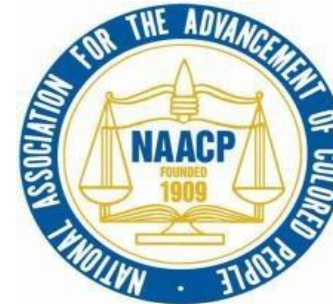
[Actso.ccnaap@gmail.com](mailto:Actso.ccnaap@gmail.com)

## **DEADLINE**

**Applications and competition pieces  
must be submitted and received by:  
Friday, March 20, 2020**

**Competition Date:**

**Saturday  
April 18, 2020**



Dyotha Sweat  
President  
Charles County NAACP

*Presents*



**2020**

**Application due: March 20, 2020**

**Competition date: April 4, 2020**

**Afro-Academic, Cultural, Technological &  
Scientific Olympics  
“Olympics Of The Mind”**

**For More Information Contact:  
Charles County NAACP**

**[www.CharlesCountyNAACP.org](http://www.CharlesCountyNAACP.org)**