

**NEW YORK CITY ACT-SO
ACADEMIC, CULTURAL, TECHNOLOGICAL AND SCIENTIFIC OLYMPICS
“Olympics of the Mind”**

STUDENT PROFILE (PLEASE TYPE OR PRINT CLEARLY)

NAME: _____ AGE: _____ SEX: M ____ / F ____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: () _____ EMAIL: _____

HIGH SCHOOL: _____ GRADE: _____

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S BUSINESS PHONE: () _____

HOW DID YOU LEARN ABOUT ACT-SO?

_____ *Newspaper* _____ *Student Ambassador (Name: _____)*

_____ *Teacher (Name/School _____)*

_____ *Other (_____)*

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

ARE YOU A NEW YORK CITY RESIDENT? Y____/N____

ARE YOU OF AFRICAN or LATINO DESCENT? Y____/N____

PLEASE CIRCLE THE CATEGORY OF YOUR INTEREST (3 categories maximum).

HUMANITIES

Music Composition

Original Essay

Playwriting

Poetry

Business/

Entrepreneurship

Short Story (NYC ACT-SO Only)

PERFORMING ARTS

Dance

Dramatics

Music Instrumental

Music Vocal

Oratory

SCIENCES

Architecture

Biology/Microbiology

Chemistry/Biochemistry

Computer Science

Mathematics

Engineering

Medicine and Health

Physics

VISUAL ARTS

Drawing

Painting

Photography

Sculpture

Filmmaking/Video

FOR THE SELECTED CATEGORIES, PLEASE ANSWER THE FOLLOWING:

HAVE YOU EVER PERFORMED AS A PAID PROFESSIONAL? Y____/N____

HAVE YOU EVER HAD ANY FORMAL TRAINING? Y____/N____

IF YES, EXPLAIN: _____

SIGNATURE _____ DATE _____

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