



**NEW YORK CITY ACT-SO**  
**Afro-Academic, Cultural, Technological and Scientific Olympics**  
*“Olympics of the Mind”*

**Student Profile** *(Please type or print clearly)*

Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (      ) \_\_\_\_\_ E-mail: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent’s/Guardians Business Phone: (      ) \_\_\_\_\_

**How did you learn about ACT-SO** *(Please check one)*

Newspaper \_\_\_\_\_

Student Ambassador *Name:* \_\_\_\_\_

Teacher *Name & School:* \_\_\_\_\_

Other *(Please specify)* \_\_\_\_\_

**All applicants must complete the Following:**

Are you a New York City resident?  Yes  No

Are you of African Descent?  Yes  No

*Please select the category of your interest (3 categories maximum).*

<b>Humanities</b>	<b>Performing Arts</b>	<b>Sciences</b>	<b>Visual Arts</b>
<input type="checkbox"/> Music Composition	<input type="checkbox"/> Dance	<input type="checkbox"/> Architecture	<input type="checkbox"/> Drawing
<input type="checkbox"/> Original Essay	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Biology/Microbiology	<input type="checkbox"/> Painting
<input type="checkbox"/> Playwriting	<input type="checkbox"/> Music Instrumental	<input type="checkbox"/> Chemistry/Biochemistry	<input type="checkbox"/> Photography
<input type="checkbox"/> Poetry	<input type="checkbox"/> Music Vocal	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Sculpture
<input type="checkbox"/> Business/ Entrepreneurship	<input type="checkbox"/> Oratory	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Filmmaking/Video
<input type="checkbox"/> Short Story <i>(NYC ACT-SO only)</i>		<input type="checkbox"/> Engineering	
		<input type="checkbox"/> Medical and Health	
		<input type="checkbox"/> Physics	

*For the selected categories, please answer the following:*

Have you ever performed as a paid professional?  Yes  No

Have you ever had any formal training?  Yes  No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail to: NEW YORK CITY ACT-SO, 270 West 96th Street, New York, NY 10025*  
*Telephone: (212) 666-9348 E-mail: ACTSOinfo@actso.org Website: www.actso.org*