APPLICATION

XI ZETA OMEGA CHAPTER
ALPHA KAPPA ALPHA SORORITY, INCORPORATED
2012 BLACK HISTORY YOUTH ORATORICAL AND ARTS CONTEST

PARTICIPANT INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY, STATE ZIP CODE

PHONE: _____ **E-MAIL:** _____

SCHOOL: _____ **GRADE:** _____

CONTEST CATEGORY (CHOOSE UP TO 2)

___ ORIGINAL POETRY/SPOKEN WORD (GRADES 6-8)
___ ORATORY/ SPEECH (GRADES 6-8)
___ MUSIC/INSTRUMENTAL (GRADES 6-8)
___ MUSIC/VOCAL (GRADES 6-8)
___ VISUAL ARTS (GRADES 6-8)
___ ORIGINAL ESSAY (GRADE 9)

TITLE OF ENTRY: _____

AUTHOR: _____

CONTACT INFORMATION FOR SPONSOR:

NAME AND RELATIONSHIP OF SPONSOR WHO WILL ASSIST THE PARTICIPANT WITH THE CONTEST (i.e., TEACHER, COUNSELOR, PARENT, GUARDIAN, OR FRIEND):

_____

WORK PHONE : _____

HOME PHONE : _____

E-MAIL: _____

Please return this application to confirm participation by **Friday, January 20, 2012 to:**

Judy Brown
745 Varnum Street, NW
Washington, DC 20011

For further information or questions, please contact Ms. Brown by telephone (202-271-1216) or via email (jbrown@gds.org).