

Date Received: \_\_\_\_\_



***Dr. Betty Shabazz Delta Academy***  
Application Package  
2016-2017

**MAIL TO:**  
Delta Sigma Theta Sorority, Incorporated  
Decatur Alumnae Chapter  
**ATTN: ACADEMY**  
PO Box 370673  
Decatur, GA 30037-0673

**Application Due: MAY 31, 2016**

Date Received: \_\_\_\_\_



### STUDENT APPLICATION FORM

August 2016 – May 2017

**\*\*\*DEADLINE: May 31, 2016\*\*\***

Date: \_\_\_\_\_

**Student Status:**

Returning ACADEMY

Applicant

First Time Applicant

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: (SY 2015-2016): \_\_\_\_\_

**T-Shirt Size  
(Adult size)**

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant's E-mail address: \_\_\_\_\_

School Name: \_\_\_\_\_

*(Please list the full name of the school)*

Favorite School Subjects: \_\_\_\_\_

\_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Talents *(What you do best? What do you like to do most?)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please place a check mark by each topic(s) that may be of interest to you:

- |   |  |
|---|--|
| <input type="checkbox"/> African-American Culture/<br>History | <input type="checkbox"/> Positive Self Image             |
| <input type="checkbox"/> Career Information/Exploration       | <input type="checkbox"/> Proper Nutrition/Fitness        |
| <input type="checkbox"/> College/Trade School Tour            | <input type="checkbox"/> Public Speaking                 |
| <input type="checkbox"/> Community Service                    | <input type="checkbox"/> Resume Writing                  |
| <input type="checkbox"/> How to Dress                         | <input type="checkbox"/> Science                         |
| <input type="checkbox"/> Job Interviewing                     | <input type="checkbox"/> Study Skills/Time<br>Management |
| <input type="checkbox"/> Outdoor adventures                   | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Other (educational or social)        |  |

Please specify: \_\_\_\_\_

What new subject(s) would you like to learn about? \_\_\_\_\_

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**Answer the following essay question in typed format and include it with your application.**

*“Why do you want to be involved in the Dr. Betty Shabazz Delta Academy program? What makes you different from other applicants, and why should you be selected to participate in this year’s program?”*

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**Student Signature**

**Date**

**Please return the application via mail to:**

Delta Sigma Theta Sorority, Incorporated

Decatur Alumnae Chapter

**ATTN: ACADEMY**

PO Box 370673

Decatur, GA 30037-0673

**\*\*\*DEADLINE: May 31, 2016\*\*\***

*If you are selected to participate in the Dr. Betty Shabazz Delta Academy program, you will be contacted by no later than July 15, 2016.*

Date Received: \_\_\_\_\_



## PARENTAL CONSENT FORMS

August 2016-May 2017

Parent/Guardian's Name: (Please print): \_\_\_\_\_

Student's Name: \_  
\_\_\_\_\_

Relationship: \_  
\_\_\_\_\_

Address: \_  
\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_  
\_\_\_\_\_

E-Mail Address (*home or work*): \_  
\_\_\_\_\_

How many years has your daughter been in the Academy program?  
\_\_\_\_\_

Please list any illnesses, allergies, medications or physical limitations that the Academy committee members should be aware of: \_\_\_\_\_  
\_\_\_\_\_

What is something new you would like for your daughter to learn from the program this year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I hereby verify that the above information is accurate. My signature grants permission for my child to participate in the Dr. Betty Shabazz Delta Academy Program, field trips, and activities therein. In giving my permission to participate, I understand that she will take part in scheduled meetings, workshops, cultural, educational and recreational programs. I agree to provide transportation for my child to all scheduled meetings and activities. I also agree to facilitate and support my child's timely attendance and participation.

**\*\*Missing 2 meetings will forfeit your daughter's participation in the Academy Program\*\***

I agree not to hold the Decatur Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or the Academy Program and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the Academy Program. I also agree not to hold the above named organizations, or its members or appointees individually, liable for the loss or destruction of my child's property.

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**Parent/Guardian Signature and Date**

**Please return the parental consent form via mail to:**

Delta Sigma Theta Sorority, Incorporated  
Decatur Alumnae Chapter  
**ATTN: ACADEMY**  
PO Box 370673  
Decatur, GA 30037-0673

**\*\*\*DEADLINE: May 31, 2016\*\*\***

**DELTA SIGMA THETA SORORITY, INCORPORATED**  
Decatur Alumnae Chapter



**CONSENT TO PHOTOGRAPH**

I, \_\_\_\_\_ (Parent/Guardian), give permission for my Daughter, \_\_\_\_\_ (Child's Name), to be photographed and videotaped. My signature gives consent to the use of her likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the Academy Program may utilize and produce.

I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the Academy Program and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the Academy Program for potential future use. I agree to release the Academy Program from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent /Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the consent to photograph form to:**

Delta Sigma Theta Sorority, Incorporated  
Decatur Alumnae Chapter  
**ATTN: ACADEMY**  
PO Box 370673  
Decatur, GA 30037-0673

**\*\*\*DEADLINE: May 31, 2016\*\*\***