Delta Academy
Delta Sigma Theta Sorority,

2017-2018 Application

Name _____   Birthdate_____   Age_____

 Current Grade___   School: _____

Name (Parent #1):

Phone (home): _(___)_____ (mobile): _(___)_____ (work): (___)_____

Name (Parent #2):

Phone (home): _(___)_____ (mobile): _(__)_____ (work): _( )_____

Home Address (of child and custodial parent):

_____

_____

Email Address (parent #1): _____ (preferred contact? Y N)

Email Address (parent #2): _____ (preferred contact? Y N)

Is your mother a member of Delta Sigma Theta Sorority, Inc.? yes____ no____
What is your GPA? _____

Please respond to the following (applicant to fill out):

Please list your school activities, hobbies.

What do you like to do for fun?

What careers are in you interested in?

What colleges are you interested in?

In 150 words or less, why are you interested in participating in Delta Academy?

If you are already participating in Delta Academy: In 150 words or less, why do you want to continue participating in Delta Academy? What did you like most about last year? What did you like least about last year? (Please attach separate sheets of paper.)

All applicants will be notified of acceptance or declination by email. All accepted participants will be required to participate in Orientation on Saturday, September 16, 2017.

If selected to participate in Delta Academy, candidates will be required to attend 50% of all Delta Academy programs. If the candidate fails to abide by the rules set forth by the committee, she may be subject to removal from the program (as designated by the Chapter President and the Risk Management Manual).

Please make copies of this form for your own records and mail the original to:

Jefferson County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 11024
Birmingham, AL 35202
Deadline: September 1, 2017 (Received)

OR

Submit applications electronically via email to: wyteria@bellsouth.net and include ***Delta Academy Application*** in the subject line.