

**Delta Sigma Theta Sorority, Incorporated**  
**Lexington (KY) Alumnae Chapter**  
**P.O. Box 1229**  
**Lexington, KY 40588**

Dear Parent or Guardian:

Thank you for your interest in the Dr. Betty Shabazz Delta Academy sponsored by the Lexington (KY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We are happy to have the opportunity to work with your daughter for the 2019-2020 year. Delta Sigma Theta Sorority, Inc., formed the Dr. Betty Shabazz Delta Academy, in order to help our young ladies become leaders of the future. The focus is on math, science, and non-traditional careers for those who may not otherwise be afforded these opportunities in their daily activities. Our tenets are scholarship, seen through exposure to the areas listed above and more; sisterhood, by developing friendships with other participants and those leading the program; and service, through a variety of service learning (community service) activities.

Delta Academy meets once a month from October until May on Saturdays. The meeting place varies according to the activity planned. It is expected that the participant attend at least 90% of the activities. Advance notice of an absence is requested. After 2 unexcused/unannounced absences, the participant may be asked to leave the program. Good behavior and active participation are expected from each participant. If a pattern of less than ideal behavior is displayed, the participant may be asked to leave.

**There is no fee for this program.** Transportation is dependent upon parent/guardian. All participants and parents/guardians are required to sign a release. You are invited to fill out an application and return it by **October 8, 2019**. The application should be mailed to:

Delta Sigma Theta Sorority, Incorporated  
Lexington (KY) Alumnae Chapter – Delta Academy Application  
P.O. Box 1229  
Lexington, KY 40588

If you have any questions or concerns, please do not hesitate to contact us. The contact information is listed below. Upon selection into the Delta Academy, orientation will be held in October. A parent or guardian of the child **must be present** at the orientation in order to confirm the child's eligibility for participation. The details will be disclosed upon notification of acceptance. It is requested that the application and a written statement by the applicant be returned. Incomplete applications will not be considered.

Again, we look forward to working with you to make this year the best Delta Academy in the chapter's history.

Sincerely,

*Yavon Griffin*, President

Delta Sigma Theta Sorority, Incorporated  
Lexington (KY) Alumnae Chapter

*Alecia Russell*, Chair

[AleciaRussell71@gmail.com](mailto:AleciaRussell71@gmail.com)  
(859)608-0477

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# PROGRAM DESCRIPTION

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## CATCHING THE DREAMS OF TOMORROW, PREPARING YOUNG WOMEN FOR THE 21ST CENTURY

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The Dr. Betty Shabazz Delta Academy was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. The academy provides an opportunity for local Delta chapters to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning, and their sisterhood, defined as the cultivation service learning, and their sisterhood, defined as the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in today's world.

The purpose of the academy is threefold:

1. To save our girls from the plight of academic failure, low self-esteem and crippled futures;
2. To demonstrate the relevance to a girl's future of scholarship in the areas of math, science, technology, non-traditional careers and sisterhood as it relates to relationships with peers and Delta members and service in the form of leadership and service learning; and
3. To expand the thinking of our girls about possible careers and educational goals which include science, math and technology.

The ideal participant is one who:

1. Enjoys learning new things
2. Interested in developing their leadership skills
3. Express an interest in math, science or non-traditional careers
4. Wants to be involved with like-minded individuals

This program allows us, the members of Delta Sigma Theta Sorority, Incorporated, to impact the future while not forgetting from whence we came. With your involvement, we can ensure that the future of these girls becomes even brighter.

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# DELTA ACADEMY APPLICATION

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## APPLICANT INFORMATION

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First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please use the space below to tell us about your involvement in school and the community.**

School Involvement (i.e. math club, cheerleading, track, etc)

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Community Service, Hobbies, Interests:

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Your current career goals:

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Please write a one page essay describing “*Why you want to join the Delta Academy?*” Please include what you would like to get out of the academy. (*typed or handwritten*)

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## STATEMENT OF INTEGRITY/ COMMITMENT

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As a participant, I hereby agree to participate in the 2019-2020 Dr. Betty Shabazz Delta Academy. I will attend at least 90% of the scheduled events for the year. I agree that I will actively participate in the activities created, to help me learn more about the world, and myself. I hereby state that by signing this document that all work turned in to the program for selection is my original work. If plagiarism or undue assistance is discovered, I understand that I will be asked to leave the program.

As a parent, I hereby agree to be an active supporter of the Delta Academy, by transporting my child to Delta Academy meetings and/or activities, reinforcing the lessons taught at the academy, and to be actively involved in my child's quest to become better.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## PARENT/GUARDIAN INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Number: (\_\_\_\_)\_\_\_\_\_ Alternate number: (\_\_\_\_)\_\_\_\_\_

E-mail Address: \_\_\_\_\_

## MEDICAL RELEASE/ EMERGENCY CONTACT INFORMATION

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Please list any known allergies and describe any physical limitations of the applicant:

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Please list the names and phone numbers of those to contact in the event of an emergency (other than parents).**

	<b>Name</b>	<b>Phone</b>	<b>Relationship to Applicant</b>
1.	_____	_____	_____
2.	_____	_____	_____

## WAIVER

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I understand that the above named minor will be under the leadership and supervision of persons approved by Delta Sigma Theta Sorority, Inc. I expect the above named minor to respect and obey the authority of the leaders. Further, I hereby release, waive, indemnify and hold harmless Delta Sigma Theta Sorority, Inc. and its agents/representatives in the event of injury to my child and hereby waive, release and forever discharge any and all rights and claims against them. I further understand that Delta Sigma Theta Sorority, Inc. or its representatives will not provide any form of medical insurance and that Delta Sigma Theta Sorority, Inc. or its agents/representatives will not be responsible for any expenses incurred as a result of injury, illness, loss, or accident, to the person(s) or property of my child while on this trip or attending this function.

In case of an emergency, I give the agents/representatives of Delta Sigma Theta Sorority, Inc. permission to secure emergency care for my child in my absence. I further understand that any payments of monies by Delta Sigma Theta Sorority, Inc. toward my out-of-pocket medical expenses, such as co-pays, now and in the future is not an admission of fault or liability for the injury sustained by my child and shall not be construed as such now or in the future. I further understand and agree to reimburse Delta Sigma Theta Sorority, Inc. for any medical expenses incurred on my behalf. I understand that during the program my child will be discussing health issues including but not limited to sexually transmitted diseases, pregnancy, and contraception. I have the option of attending this discuss with my child or decide if my child shall participate.

**MEDIA RELEASE:** I consent to have my child photographed, videotaped, and/or audio taped by Delta Sigma Theta Sorority, Inc. or its agents/representatives as well as the use of creative works produced by my child for means of public display for promotional purposes. I release and hold harmless Delta Sigma Theta Sorority, Inc. of any and all claims or liability that shall arise by the use of my child's creative work(s), photograph, likeness or voice. I agree that no monies or other consideration in any form will become due because of my child's participation in any of the above activities.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date