

Dr. Betty Shabazz Delta Academy

Application Package 2015-2016

MAIL TO:

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

Application Due: MAY 30, 2015

Date Received: _____



STUDENT APPLICATION FORM

August 2015 – May 2016

DEADLINE: May 30, 2015*

Date:				g ACADEMY
Student Name:			Applicant	
DOB:Age: _	Curren	t Grade: (SY 2015-2016	6):	T-Shirt Size
Address:				(Adult size)
City:	State:	Zip Code:		
Home Phone:	Cell Phone:			
Participant's E-mail address:				
School Name:(Please list the	full name of t	he school)		
Favorite School Subjects:				
Extra-Curricular Activities:				
Hobbies:				
Your Talents (What you do best?				-

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

African-American Culture/	Positive Self Image
History	Proper Nutrition/Fitness
Career Information/Exploration	Public Speaking
College/Trade School Tour	Resume Writing
Community Service	Science
How to Dress	Study Skills/Time
Job Interviewing	Management
Outdoor adventures	Technology
Other (educational or social)	
Please specify:	

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

Answer the following essay question in <u>typed</u> 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?

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 30, 2015

If you are selected to participate in the Dr. Betty Shabazz Delta Academy program, you will be contacted by no later than July 15, 2015.

Date Received: _____



PARENTAL CONSENT FORMS

August 2015-May 2016

Parent/Guardian's Nan	ne: (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 y	our daughter been in the	e Academy program?		
,		e of:		
this year?		daughter to learn from the program		

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.

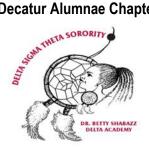
Parent/Guardian Signature and Date

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 30, 2015

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 30, 2015