



Application Package
2015-2016

MAIL TO:

Delta Sigma Theta Sorority, Incorporated
Decatur Alumnae Chapter

ATTN: EMBODI

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: _____

Student Status:

- Returning EMBODI Applicant
- First Time Applicant

Student Name: _____

DOB: _____ Age: _____ Current Grade: (SY 2015-2016): _____

Address: _____

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

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

School Name: _____

(Please list the full name of the school)

Participant's E-mail address: _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies: _____

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

Date Received: _____

Do you plan to participate in the college tour in 2016?

___ Yes ___ No ___ Undecided

Please place a check mark 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? _____

Student Signature

Date

Please return this application via mail to:

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

*****DEADLINE: May 30, 2015*****

If you are selected to participate in the EMBODI program, you will be contacted by no later than July 15, 2015.

Date Received: _____



PARENTAL CONSENT FORMS

August 2015-May 2016

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 son been in the EMBODI program? _____

Do you plan to have your son participate in the college tour in 2016?

____ Yes

____ No

____ Undecided

Please list any illnesses, allergies, medications or physical limitations that the EMBODI committee members should be aware of: _____

What is something new you would like for your son 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 Empowering Males to Build Opportunities for Developing Independence (EMBODI) Program, field trips, and activities therein. In giving my permission to participate, I understand that he 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 son's participation in the EMBODI Program****

I agree not to hold the Decatur Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or the EMBODI 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 EMBODI 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: EMBODI
PO Box 370673
Decatur, GA 30037-0673

*****DEADLINE: May 30, 2015*****

Date Received: _____

DELTA SIGMA THETA SORORITY, INCORPORATED
Decatur Alumnae Chapter

CONSENT TO



PHOTOGRAPH

I, _____ (Parent/Guardian), give permission for my Son, _____ (Child's Name), to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the EMBODI 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 EMBODI 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 EMBODI Program for potential future use. I agree to release the EMBODI 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
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PO Box 370673
Decatur, GA 30037-0673