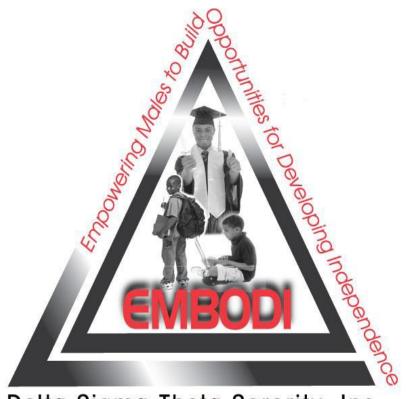
Date Received:



Delta Sigma Theta Sorority, Inc.

Application Package 2016-2017

MAIL TO: Delta Sigma Theta Sorority, Incorporated Decatur Alumnae Chapter ATTN: EMBODI 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 | : g EMBODI Applicant |
|-----------------------------|-----------------|--------------|---------------------|----------------|-------------------------|
| Student Name: | | | | First Time | |
| DOB: | Age: | _Current Gr | rade: (SY 2015-2016 |): | T-Shirt Size |
| Address: | | | | | (Adult size) |
| City: | Sta | ate: | Zip Code: | | |
| Home Phone: | | Cell Pho | one: | | |
| School Name:(<i>Please</i> | list the full n | ame of the s | school) | | |
| Participant's E-mail addre | | | | | |
| Favorite School Subjects | : | | | | |
| Extra-Curricular Activities | | | | | |
| Hobbies: | | | | | |
| Your Talents (What you do | | | | | - |

Do you plan to participate in the college tour in 2017?

□_Yes □_No □_Undecided

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

| African-American Culture History Career Information/Exploration College/Trade School Tour Community Service How to Dress Job Interviewing Outdoor adventures 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 31, 2016*

If you are selected to participate in the EMBODI 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 of | r work): | |
| How many years has you | ur son been in the EM | BODI program? |
| Do you plan to have you | r son participate in the | college tour in 2017? |
| Yes | <mark>No</mark> | Undecided |
| | | s or physical limitations that the |
| What is something new y vear? | ou would like for your | son to learn from the program this |

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 31, 2016

DELTA SIGMA THETA SORORITY, INCORPORATED Decatur Alumnae Chapter

CONSENT TO



PHOTOGRAPH

(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 **ATTN: EMBODI** PO Box 370673 Decatur, GA 30037-0673