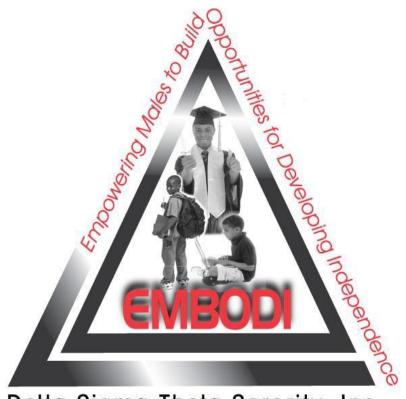
Date Received:



## 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:
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### 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:

<ul> <li>African-American Culture History</li> <li>Career Information/Exploration</li> <li>College/Trade School Tour</li> <li>Community Service</li> <li>How to Dress</li> <li>Job Interviewing</li> <li>Outdoor adventures</li> <li>Other (educational or social)</li> </ul>	
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