



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:**

- Returning EMBODI Applicant
- First Time Applicant

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: (SY 2015-2016): \_\_\_\_\_

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

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

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 2017?

Yes       No       Undecided

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

- |  |  |
|--|--|
| <input type="checkbox"/> African-American Culture<br>History | <input type="checkbox"/> Positive Self Image             |
| <input type="checkbox"/> Career Information/Exploration      | <input type="checkbox"/> Proper Nutrition/Fitness        |
| <input type="checkbox"/> College/Trade School Tour           | <input type="checkbox"/> Public Speaking                 |
| <input type="checkbox"/> Community Service                   | <input type="checkbox"/> Resume Writing                  |
| <input type="checkbox"/> How to Dress                        | <input type="checkbox"/> Science                         |
| <input type="checkbox"/> Job Interviewing                    | <input type="checkbox"/> Study Skills/Time<br>Management |
| <input type="checkbox"/> Outdoor adventures                  | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> 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  
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**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 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 2017?

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

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.

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**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\*\*\***

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:**

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**Decatur Alumnae Chapter**  
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