### **ABOUT RITES OF PASSAGE - ARIYA**

The Rites of Passage/ARIYA Program is sponsored by the St. Louis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The participants partake in six months of training where they are exposed to leaders in the community, who present workshops in carefully selected areas geared toward enhancing self-esteem, valuing education, appreciating cultural heritage, promoting community involvement and other areas of special interest.



After completing six months of training, the participants in the Rites of Passage Ceremony are granted permission by their families and the community to transition to the next level of social and educational development.

The ARIYA, a Swahili word meaning celebration, is the program's culminating activity and public celebration where the participants are presented to the community.

### **PURPOSE**

- $\Delta$  To provide character development and leadership training for young African-American Women,
- $\Delta$  To encourage them to pursue college after high school graduation,
- $\Delta$  To empower them to take ownership of their futures by providing an opportunity for them to generate scholarship funds for their post-secondary education.

### **ELIGIBILITY REQUIREMENTS**

- $\Delta$  Must be a high school senior with a minimum GPA of 2.5 (4.0 scale).
- Δ Must submit two letters of recommendation: 1) high school teacher or principal 2) non-family member adult

# **ADDITIONAL INFORMATION**

- $\Delta$  There is a non-refundable application fee of \$200.00 that may be paid in three installments.
- $\Delta$  All applicants will be contacted for an interview.

# **CONTACT INFO**

Please direct any questions or comments to dst.sla.ariya@gmail.com

We look forward to an exciting and enriching year.

# IMPORTANT

# APPLICATION DEADLINE: Saturday September 23, 2017

Please complete all sections of the attached application, including the essay with two letters of recommendation and a copy of a current transcript. Applications <u>must</u> be emailed to <u>dst.sla.ariya@gmail.com</u> or mailed to below address by the date indicated above.

DST-St. Louis Alumnae Chapter Attn: Ariya Kwanzisha P.O. Box 410844 St. Louis MO. 63141

| APPLICANT'S INFORMATION   |                         |     |            |                |   |                  |                |  |
|---|-------------------------|-----|------------|----------------|---|------------------|----------------|--|
| LAST NAME   |                         |     | FIRST NAME |                |   | MIDDLE           | MIDDLE         |  |
|   |                         |     |            |                |   |                  |                |  |
| STREET ADDRESS  |                         |     |            |                |   |                  | DOB (MM/DD/YY) |  |
| STREET ADDRESS  |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
| CITY  | STATE 2                 | ZIP |            | EMAIL ADDRESS  |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
| TELEPHONE   | SCHOOL NAME AND ADDRESS |     |            |                |   |                  | GPA            |  |
| Home  |                         |     |            |                |   |                  |                |  |
| NAME OF PARENT(S) OR LEGAL GUARDIAN(S)  |                         |     |            |                | PARENT/GUARDIAN'S TELEPHONE                                       |                  |                |  |
|   | . ,                     |     |            |                |   |                  | Home           |  |
|   |                         |     |            |                |   |                  |                |  |
| PARENT OR GUARDIAN'S EMAIL ADDRESS  |                         |     |            |                |   |                  | Work           |  |
|   |                         |     |            |                |   |                  | Other          |  |
| EXTRACURRICULAR ACTIVITIES (INCLUDES SCHOOL AND COMMUNITY INVOLVEMENT)              |                         |     |            |                | ROLE  |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
| HONORS AND AWARDS   |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
|   |                         |     |            |                |   |                  |                |  |
| POST-GRADUATE INSTITUTION (IF KNOWN)  |                         |     | INTENDED   | INTENDED MAJOR |   | INSTITUTION TYPE |                |  |
|   |                         |     |            |                | 2-Yr. (Comm. College)   |                  |                |  |
| ADDITIONAL REQUIREMENT  |                         |     |            |                | CHECKLIST   |                  |                |  |
| On a separate sheet of paper, please complete your typed essay of 250 words or less |                         |     |            |                | <ul> <li>Completed application inclu-</li> </ul>                  |                  |                |  |
| describing how you would benefit from the Rites of Passage - ARIYA program.         |                         |     |            |                | ding all required signatures.                                     |                  |                |  |
|   |                         |     |            |                | □ Typed Essay   |                  |                |  |
|   |                         |     |            |                | <ul> <li>Letters of recommendation</li> <li>Transcript</li> </ul> |                  |                |  |
| SIGN  |                         |     |            |                |   | anscript         | DATE           |  |
|   |                         |     |            |                |   |                  |                |  |
| PARTICIPANT'S SIGNATURE   |                         |     |            |                |   |                  |                |  |
| PARENT OR GUARDIAN'S SIGNATURE  |                         |     |            |                |   |                  |                |  |