



Delta Sigma Theta Sorority, Incorporated  
Saint Louis Alumnae Chapter  
Delta Academy – Participant Application



## ABOUT DELTA ACADEMY

Delta Academy is for girls ages 11-14 interested in developing their potential to succeed. This program is designed to enhance the lives of our African-American young ladies, introducing role models of adult women in non-traditional careers, and meaningful opportunities for community service and leadership. How will girls face the challenges of tomorrow? How can they compete in the economy of the future with yesterday's skills? Delta Sigma Theta Sorority, St. Louis Alumnae Chapter, is committed to leading them with confidence into the 21st Century!

## PURPOSE

- Be a catalyst for academic excellence in the lives of young girls.
- Dispel societal myths that cause low self-esteem among young girls.
- Promote sisterhood as it relates to relationships with peers among young girls.
- Provide opportunities of leadership and service learning for young girls.
- Expand the thinking of our girls about possible careers and educational goals that include, science, math, technology and non-traditional careers.

## PROGRAM DATES

Delta Academy 2018-2019 will meet the second Saturday of each month from 9:30 A.M. - 11:30 P.M. Our first meeting will be held Saturday, October 20, 2018. Our meeting location:

Barbara C. Jordan Elementary School (University City School District)  
1500 N. 82<sup>nd</sup> Blvd.  
University City, MO 63130

## CONTACT INFO

Please feel free to contact [SLDeltaacademy@gmail.com](mailto:SLDeltaacademy@gmail.com) with any questions.

- Δ Kayla Bryant (Chair)
- Δ Krischael Greene (Co-Chair) – (314) 413-1528
- Δ Patricia Graham (Co-Chair)

We look forward to another exciting and fun-filled year!

## IMPORTANT

APPLICATION DEADLINE: **Saturday, October 6, 2018**

Applications **must** be either (1) received at the address below or (2) postmarked by the above date. Complete all sections of the attached application, including the essay with two letters of recommendation and submit to:

DST - St. Louis Alumnae Chapter  
Attn: DELTA ACADEMY  
P.O. Box 410844  
St. Louis, MO 63141



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APPLICANT'S INFORMATION							
LAST NAME		FIRST NAME			MIDDLE		
STREET ADDRESS					DOB (MM/DD/YY)		
CITY		STATE	ZIP	EMAIL ADDRESS			
TELEPHONE		SCHOOL NAME AND ADDRESS			GRADE LEVEL		
		<input type="checkbox"/> Home <input type="checkbox"/> Cell				<input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th	
NAME OF PARENT(S) OR LEGAL GUARDIAN(S)				PARENT/GUARDIAN TELEPHONE			
						<input type="checkbox"/> Home <input type="checkbox"/> Cell	
PARENT OR GUARDIAN EMAIL ADDRESS						<input type="checkbox"/> Work <input type="checkbox"/> Other	
EXTRACURRICULAR ACTIVITIES (INCLUDE SCHOOL AND COMMUNITY INVOLVEMENT)				ROLE			
QUESTIONS							
<i>Is this your first time participating in Delta Academy?</i>							
<i>Why do you want to join Delta Academy? What do you hope to gain or learn?</i>							
<i>Is there anything you consider special or unique about yourself? Please share.</i>							
<i>Parents: How did you learn about Delta Academy?</i>							
SIGN					DATE		
PARTICIPANT'S SIGNATURE							
PARENT OR GUARDIAN SIGNATURE							