

**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 2017-2018 will meet the third Saturday of each month from 9:00 A.M. to 11:00 A.M. Our first meeting will be held Saturday, October 21, 2017:

Cardinal Ritter College Preparatory High School  
701 N. Spring Avenue  
St. Louis, MO 63108  
(314) 446-5500

## CONTACT INFO

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

Δ Kayla Bryant (Chair)

Δ Krischael Greene (Co-Chair)

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

## IMPORTANT

APPLICATION DEADLINE: **Saturday, October 14, 2017**

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	
PARENT OR GUARDIAN EMAIL ADDRESS					
				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
EXTRACURRICULAR ACTIVITIES (INCLUDE SCHOOL AND COMMUNITY INVOLVEMENT)				ROLE	
QUESTIONS					
<i>Is this your first time attending 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>					
<b>SIGN</b>					<b>DATE</b>
PARTICIPANT'S SIGNATURE					
PARENT OR GUARDIAN SIGNATURE					