



DELTA SIGMA THETA SORORITY, INCORPORATED

SAINT LOUIS ALUMNAE CHAPTER

Delta Academy Overview

ABOUT DELTA ACADEMY

Delta Academy is a program for young girls ages 11- 14 who are interested in developing their potential to succeed. This program, sponsored by Delta Sigma Theta Sorority, Inc., St. Louis Alumnae Chapter is designed to enhance the lives of our African-American young ladies, providing them with 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 involve itself in the lives of girls 11 to 14 years of age, *Leading them in the 21st Century!*



PURPOSE

- Δ To be a catalyst for academic excellence in the lives of young girls.
- Δ Dispel societal myths that cause low self- esteem among young girls.
- Δ To promote sisterhood as it relates to relationships with peers among young girls.
- Δ To provide opportunities of leadership and service learning for young girls.
- Δ To 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 2015 – 2016 will meet the second Saturday of each month from 10:30 A.M. – 12:30 P.M. **Please note that our first meeting will be held Saturday, October 10, 2015, from 10:30 A.M. - 12:30 P.M. at the:**

Schlafly Branch Library
225 N Euclid Ave
St. Louis, MO 63108
314-367-4120

CONTACT INFO

Please feel free to contact deltaacademy@dst-sla.org with any questions you may have. Program leaders are as follows:
Δ Marla Byrd (Chair)
Δ Michelle Elliott (Co-Chair)

We look forward to an exciting and fun-filled year.

IMPORTANT

APPLICATION DEADLINE: **Saturday, October 24, 2015**

Applications **must** be either (1) received at the address below or (2) postmarked by the above date.

Please return the application and parental consent form to:
St. Louis Alumnae Chapter
Attn: Delta Academy
P.O. Box 410844
St. Louis, MO 63141



DELTA SIGMA THETA SORORITY, INCORPORATED
SAINT LOUIS ALUMNAE CHAPTER
 Delta Academy Application

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'S TELEPHONE	
PARENT OR GUARDIAN'S EMAIL ADDRESS				<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
EXTRACURRICULAR ACTIVITIES (INCLUDES SCHOOL AND COMMUNITY INVOLVEMENT)				ROLE	
QUESTIONS					
Is this your first time attending Delta Academy?					
Why do you want to be involved with Delta Academy? What do you hope to gain or learn by participating in this program?					
Is there anything that you consider special or unique about yourself that you would like to share? Please explain.					
Parents: How did you learn about Delta Academy?					
SIGN					DATE
PARTICIPANT'S SIGNATURE					
PARENT OR GUARDIAN'S SIGNATURE					