



Delta Sigma Theta Sorority, Incorporated
Saint Louis Alumnae Chapter
 Ariya VIRTUAL Rites of Passage Pathway Program



ABOUT ARIYA RITES OF PASSAGE

The Ariya Rites of Passage Program is sponsored by the St. Louis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The participants partake in 7 pathway training sessions where they will learn from leaders in the community. Pathway sessions will be virtual workshops on carefully selected topics geared toward enhancing self-esteem, appreciating cultural heritage, imparting the value of higher education, and promoting community involvement and other areas of special interest. Participants will also have the opportunity to earn a stipend and additional scholarship funds through ad sales and an essay contest.

After completing the 7 pathways, the participants in the Rites of Passage Program will be presented to the community in a virtual celebration to signify their readiness to transition to the next level of social and educational development.

PURPOSE

- △ To provide character development and leadership training for young African-American Women,
- △ To encourage them to pursue college after high school graduation,
- △ 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

- △ Must be a female high school senior with a minimum GPA of 2.5 (4.0 scale).
- △ Must submit one letter of recommendation from: a) high school teacher or principal or b) non-family member adult
- △ Must submit an essay introducing yourself, explaining your future aspirations, and how you would benefit from the Rites of Passage program

ADDITIONAL INFORMATION

- △ There is a non-refundable participation fee of \$50.00; payable after acceptance into the program.
- △ All qualifying 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: **Sunday, December 6, 2020**

Please complete all sections of the attached application, including the essay, letter of recommendation, and an electronic copy of a current transcript. Applications can be emailed (preferred) to dst.sla.ariya@gmail.com or mailed to:

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



Delta Sigma Theta Sorority, Incorporated
Saint Louis Alumnae Chapter
Rites of Passage - ARIYA Application

| APPLICANT'S INFORMATION | | | | | |
|---|--|--|-----|--|----------------|
| LAST NAME | | FIRST NAME | | | MIDDLE |
| | | | | | |
| STREET ADDRESS | | | | | DOB (MM/DD/YY) |
| | | | | | |
| | | STATE | ZIP | EMAIL ADDRESS | |
| | | | | | |
| TELEPHONE | | SCHOOL NAME AND ADDRESS | | | GPA |
| | | | | | |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | |
| 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 | |
| | | | | | |
| | | | | | |
| | | | | | |
| HONORS AND AWARDS | | | | | |
| | | | | | |
| | | | | | |
| POST-GRADUATE INSTITUTION (IF KNOWN) | | INTENDED MAJOR | | INSTITUTION TYPE | |
| | | | | <input type="checkbox"/> 2-Yr. (Comm. College) <input type="checkbox"/> 4-Yr (College/Univ.) | |
| ADDITIONAL REQUIREMENT | | | | CHECKLIST | |
| On a separate sheet of paper, please complete your typed essay of 250 words or less introducing yourself, explaining your future aspirations, and how you would benefit from the Rites of Passage program | | | | <input type="checkbox"/> Completed application including all required signatures. <input type="checkbox"/> Typed Essay <input type="checkbox"/> Letters of recommendation <input type="checkbox"/> Transcript | |
| SIGN | | | | | DATE |
| PARTICIPANT'S SIGNATURE | | | | | |
| | | | | | |
| PARENT OR GUARDIAN'S SIGNATURE | | | | | |
| | | | | | |