



Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.



“Catching the Dreams of Tomorrow” “Preparing Young Women for the 21st Century”

Greetings Potential Delta Academy Participant,

This letter is to invite you to participate in an exciting mentoring program for the 2019-2020 school year. The women of the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., are opening our arms and hearts to welcome young ladies who are interested in joining the **Dr. Betty Shabazz Delta Academy** program.

The **Delta Academy** program is designed for females between the ages of 11-14 years old and in grades 6-8. The objective of the **Delta Academy** program is to provide young ladies with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. We are pleased that you are interested in the **Delta Academy** program and an exciting year has been planned for you!

Applications must be postmarked **no later than Saturday, July 6, 2019**. Please be sure to complete **ALL** forms enclosed in this packet. Failure to submit all parts of the application will exclude you from consideration.

Please return all applications to:

**Attn: Delta Academy – Orlando Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
PO Box 555238
Orlando, FL 32855**

If you have questions or concerns, please feel free to contact:

**Kimberly Hayes – Chair, 2018-2019
(321) 465-2258**

**Sade Fisher - Co-Chair (757) 748-2635
Nicole Sims-Co-Chair (407) 234-5849**

OR

EMAIL: youthgroups@oacdst.org

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program.

Sincerely,

Neika Berry
Neika Berry, Chapter President

Sherri King
Sherri King, PP& D Chair

Delta Academy Program Information

Delta Sigma Theta Sorority, Inc. is a non-profit nationwide organization, whose purpose is to provide service and programs to promote human welfare. The **Delta Academy** program was created out of an urgent need to save our young females ages 11-14 and/or grades 6-8 from the perils of academic failure, low self-esteem and crippled futures. The Delta Academy program provides an opportunity for the Orlando Alumnae Chapter to enrich and enhance the education that young teens receive in public schools throughout Orange County.

The goals for Delta Academy are:

- To promote scholarship in math, science, and technology and/or careers where minority women are scarcely represented
- To increase the opportunities to provide service in the form of leadership
- To promote sisterhood defined as the cultivation of service learning
- To promote sisterhood defined as the cultivation and maintenance of relationships

The **Dr. Betty Shabazz Delta Academy's** aim is to shape well rounded young women by focusing on African American history, literacy, character development, healthy choices, and service learning. Many young ladies have tremendous potential, however they are not afforded the opportunity to broaden themselves, express their curiosity, and experience new and different things early on.

The Delta Academy program is designed for:

- **Young ladies**, 11 to 14 years of age, who have potential for success, but limited opportunities;
- **Young ladies** who are interested in developing themselves and sharpening various skills (i.e. literacy, math and science);
- **Young ladies** interested in service, education, and technology;
- **Young ladies** who enjoy learning new things;
- **Young ladies** who express interest in math, science, technology, or other non-traditional careers;
- **Young ladies** who are overlooked or left out of special programs at their schools because of perceptions that they may not be able to overcome financial, personal, or academic obstacles in their lives.

The mission of the **Delta Academy Committee** is to provide young ladies with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. This, in turn, will provide them with the opportunity to develop emotionally, socially, and intellectually and be prepared to take an active role in their success as they face the challenges of the world.

The symbol for **Delta Academy** is the dream catcher, which in Native American culture is believed to possess the power to capture bad dreams, entangling them in a web; thus allowing only the good dreams to pass through the center of the dream hoop into the person's being.

The primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century!!!

Delta Academy Participation

Criteria for Participation:

Participation in the **Delta Academy** program is held once a year. The following criteria will be used to determine eligibility:

- Entering or attending middle school in the fall (grades 6-8)
- Must have a grade point average of 2.5 or better
- Submit a completed application with a picture
- Submit one (1) letter of recommendation from one of the following:
 - Teacher or Guidance Counselor
 - Minister
 - A Sponsor / Advisor of any affiliation/organization
 - A member of a Greek sorority or fraternity
- Submit an official copy of 4th quarter final report card with final GPA
- Submit with parental signature the “Agreement to Participate”
- Submit with parental signature the “Code of Conduct”

If accepted for participation, you **must** attend the Student/Parent Orientation on Saturday, September 7, 2019.

Activities:

The following are potential activities to the organization’s participation:

- Presentations and Seminars
- Health Summits
- Black History Month Observance
- Community Service
- Academic Testing Workshops, Updates, and Study Sessions
- Annual Holiday Party, Parent Appreciation, Field Trips, and End of the Year Banquet/Awards Program/Closing Ceremony

Code of Conduct:

Participation in the **Delta Academy** program requires a strong level of commitment and responsibility. All members are to adhere to a “Code of Conduct”, which consists of policies and procedures that governs the organization. The “Code of Conduct” addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, etc. The “Code of Conduct” will be provided to every participant of the program.

Motto:

“I believe I can succeed, and because I believe.... I have!”

Delta Academy Important Dates and Deadlines

Selection Process:

- All interested candidates should complete and submit a **Delta Academy** application via email or direct mail to be postmarked by **Saturday, July 6, 2019**.

Delta Sigma Theta Sorority, Inc.
Attn: DELTA ACADEMY – Orlando Alumnae Chapter
PO Box 555238
Orlando, FL 32855
youthgroups@oacdst.org

- A completed application and recommendation letter **MUST** be returned at the time the packet is submitted or you will not be considered for participation.

If you have any questions, please contact the current **Delta Academy** Chairs - Ms. Kimberly Hayes at (321) 465-2258, Mrs. Sade Fisher at (757) 748-2635 or Ms. Nicole Sims at (407) 234-5849. You may also send an email to youthgroups@oacdst.org.

If Selected for Participation:

All participants **MUST** attend the **Student/Parent Orientation** currently scheduled for **Saturday, September 7, 2019 at 10:30 a.m.** The **location is TBA.** Participants should wear **professional business attire** and have at least one parent, guardian or family member present to receive information and fill out any additional paperwork.

If selected to become a participant in the **Delta Academy** program, sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:

1. Participation in the Student/Parent Orientation and Ceremony is mandatory.
2. Involvement and participation in all **Delta Academy** activities are governed under the auspices of the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.'s, **Delta Academy** Code of Conduct, Officers, and Committee Chairpersons.
3. Participation is strictly voluntary and requires a strong level of commitment.
4. Participants in good standing may continue participation until high school graduation (Delta GEMS).
5. Attendance at all regularly scheduled meetings (currently the second Saturday of every month starting in September), occasional midweek workshops/community service, and other planned activities are expected.
6. A 2.5 or better grade point average will be required and maintained.
7. Appropriate behavior becoming of a lady should be exemplified at all times.

PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION.

SECTION 1: APPLICANT INFORMATION

Participant Information

Name: _____
Last
First
Middle Name or Initial

Age: _____ Date of Birth: _____
As of 7/1/2019
Month
Day
Year

Address: _____
Street Number (Include Apartment Number)

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Adult T-shirt Size (**select one**): XS ____ S ____ M ____ L ____ XL ____ XXL ____

Church Affiliation: _____

Middle School _____ Grade (2019-2020) _____ GPA _____

Are you a participant in the free/reduced lunch program? YES ____ NO ____

This will be my 1st __ 2nd __ 3rd __ year participating in the Delta Academy program.

How did you hear about the program? _____

Parent or Guardian Information:

Parent(s)/Guardian(s) Name: _____

Home Number: _____ Work Number: _____

Parent(s)/Guardian(s) Cell Number: _____

Parent(s)/Guardian(s) E-mail: _____

Personal Information:

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y ____ N ____

Have you participated in any other Delta Academy programs? Y ____ N ____

Do you currently have a sibling participating in a Delta Academy, GEMS, or EMBODI program?
 Y ____ N ____

If yes, please give name _____

SECTION 2: APPLICANT QUESTIONS

What are your favorite and least favorite subjects? Explain why.

Describe your strengths and areas for development.

Tell us about your goals or aspirations.

List all extracurricular or after-school activities.

Do you have any hobbies and/or interests? If so, describe.

Why do you want to be a participant in Delta Academy?

List and describe your involvement in non-school related activities and community service. (i.e. church, public service, etc.)

SECTION 3: TRANSPORTATION INFORMATION

How will your child travel to and from **Delta Academy** meetings and activities?

(Please Note: The Delta Sigma Theta Sorority, Inc. Orlando Alumnae Chapter does not provide transportation and is not responsible for your child's travel to or from the Delta Academy program.)

Car ____ Walk ____ Public Transportation ____ Other (please specify) _____

Do you have any additional persons (*other than parent/guardians & emergency contacts listed on this form*) who are approved to transport your child? If yes, please list (*this may include a sibling, grandparent, family friend, etc.*):

Name: _____ Relationship: _____

Cell phone: _____

Name: _____ Relationship: _____

Cell phone: _____

Name: _____ Relationship: _____

Cell phone: _____

Name: _____ Relationship: _____

Cell phone: _____

SECTION 4: EMERGENCY CONTACT INFORMATION

(Two contacts MUST be provided)

1. Name: _____ Relationship: _____

Home telephone: _____ Cell phone: _____

2. Name: _____ Relationship: _____

Home telephone: _____ Cell phone: _____

3. Name: _____ Relationship: _____

Home telephone: _____ Cell phone: _____

4. Name: _____ Relationship: _____

Home telephone: _____ Cell phone: _____

SECTION 5: APPLICANT HEALTH INFORMATION

To the parent/guardian:

The health of the student is primarily the responsibility of her parent(s) or guardian(s). The Orlando Alumnae Chapter strongly recommends annual health examinations, dental check-ups and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as much as possible, that the participants are physically able to take part in youth group activities.

Student Name: _____ DOB: _____ Age: _____ Address: _____ City/State: _____ Zip Code: _____ Parent/Guardian Full Name: _____ Phone No: _____
Family Physician Name: _____ Phone Number: _____ Family Medical Insurance Carrier: _____ Policy/Group Number: _____
Part 1: Pre-Existing Conditions, Illnesses and Injuries Please list ANY chronic or recurring medical conditions or illnesses: _____ _____
Part 2: Allergies <i>(Check all that apply and specify nature of any allergic reactions)</i> Animals___ Hay Fever___ Pollen___ Insect Stings___ Plants___ Food___ Drugs___ Please Specify here: _____
Part 3: Immunizations Are all of the child's immunizations up to date? Yes _____ No _____ <i>(If not, please explain in Part 5)</i> Date of last: DPT: _____ Tetanus: _____
Part 4: Other Health Conditions <i>(Check all that apply)</i> Bed Wetting___ Emotional Disturbances___ Fainting___ Constipation___ Hearing Impairment___ Sleep Disorders___ Nosebleeds___ Dental Appliances___ Wears glasses/contacts___ Motion Sickness___ Menstrual Cramps___ Special Dietary Needs___ Sickle Cell Trait or Disease___ Other (specify)
Part 5: Notes <i>(Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)</i> _____ _____
Part 6: Medication Directions <i>(Please give detailed directions for any medications to be given to your child. Include dosage and times.)</i> _____ _____
I know of no reason(s) other than the information on this form, why my daughter should not participate in academy activities. Parent/Guardian Signature: _____

SECTION 6: AUTHORIZATION FOR EMERGENCY TREATMENT

PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of the Orlando Alumnae Chapter to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Student's Name: _____

Parent/Guardian Signature: _____

Please print parent/guardian signature: _____

Date: _____

SECTION 7: CONSENT FORMS

STUDENT/PARENT AGREEMENT TO PARTICIPATE

We have read and agree with all the information provided for the Delta Academy program sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) child is selected for participation into the Delta Academy program, please accept (our/my) signature(s) as (our/my) consent to have her participate. You may count on (us/me) for support and assistance whenever appropriate.

Student SIGNATURE: _____ **Date:** ____/____/____

Student PRINTED Name: _____

Parent/Guardian's SIGNATURE: _____ **Date:** ____/____/____

Parent/Guardian PRINTED Name: _____

PARENT/GUARDIAN STATEMENT OF CONSENT

I voluntarily give my daughter (the student whose name is listed above) permission to participate in the Delta Academy program. I am authorized to give permission for the student to participate in the program. My child's participation in the Delta Academy program is completely voluntary. Delta Academy is committed to providing the best possible climate for maximum development and achievement of goals for all student participants. The Delta Sigma Theta Sorority, Inc. Orlando Alumnae Chapter and its related entities will make every effort to protect the welfare of the Delta Academy participants; however, the program committee members are not responsible for ensuring the physical, mental, social and medical health of program participants. As a parent/guardian, I am responsible for the welfare of my child. The Delta Academy committee may suspend a student's participation if their behavior does not reflect the spirit of the program.

Parent/Guardian's SIGNATURE: _____ **Date:** ____/____/____

Parent/Guardian's PRINTED Name: _____

CONSENT TO PHOTOGRAPH

I voluntarily give permission for my daughter (the student whose name is listed above), to be photographed and videotaped. My signature gives consent to the use of her likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the Delta Academy /Orlando Alumnae Chapter may utilize and produce. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the Delta Academy /Orlando Alumnae Chapter and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the Delta Academy /Orlando Alumnae Chapter for potential future use. I agree to release the Delta Academy /Orlando Alumnae Chapter from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent/Guardian's SIGNATURE: _____ **Date:** ____/____/____

Parent/Guardian's PRINTED Name: _____

WORKSHOP PERMISSION

I grant permission of my daughter, _____, to participate in the workshops presented to the participants of the Delta Academy program sponsored by the Orlando Alumnae Chapter. I understand that most of the workshops are listed in the Delta Academy/Orlando Alumnae Chapter yearly calendar.

Parent/Guardian’s SIGNATURE: _____ Date: ____/____/____

Parent/Guardian’s PRINTED Name: _____

If you have any objectionable topics, please list them and sign below:

Parent/Guardian’s SIGNATURE: _____ Date: ____/____/____

Parent/Guardian’s PRINTED Name: _____

FIELD TRIP PERMISSION

As the parent/guardian of, _____, I hereby give consent for her to attend field trips with Delta Academy Program sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

My daughter and I understand that she is to comply with all rules and regulations established by all representatives of Delta Sigma Theta Sorority, Inc.

I understand that precautions will be taken to ensure my daughter’s safety. I, therefore, will not hold the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my daughter.

Field trips are subject to change, and notification is at the discretion of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian’s SIGNATURE: _____ Date: ____/____/____

Parent/Guardian’s PRINTED Name: _____

Effective Date: July 6, 2019
Expiration Date: June 30, 2020

SECTION 8: DELTA ACADEMY CODE OF CONDUCT STATEMENT

I will cooperate with all adults in charge. I will be sensitive to the needs of each participant.

I will respect the people and places with which I come in contact.

I will adhere to the Delta ACADEMY dress code.

I will participate in required activities & discussions, be on time for all scheduled activities, and be open to new ideas. In the event I must miss an event, I will contact a member of the Delta ACADEMY Committee at least 24 hours ahead of the activity.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will remember that I am a member of a program sponsored by the women of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations for conduct described in this code of conduct and lady like etiquette.

I will be responsible for all my personal belongings.

I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent's responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent's responsibility.

I understand that more than (2) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I understand that my attitude and behavior are central to the success of this activity sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Therefore, for the good of this activity, as well as for myself and my fellow group members, I agree to abide by the statements above:

Student Signature _____ **Date** _____

As the parent/guardian, I understand and agree with the above responsibilities fully accepted by my daughter. Should it be necessary, I will provide transportation for my daughter regardless of the time or day or night. I will not hold Orlando Alumnae Chapter or its members responsible if my daughter is sent home early due to misconduct.

Parent / Guardian _____ **Date** _____

THE CONTRACT (The First Meeting)

OAC DELTA ACADEMY

I will strive for discipline and dedication in all that I do.

I will keep an open mind.

I will respect other's space, opinion and time.

I will ask for help and help others when needed.

I will be on time for all sessions and activities.

I will take responsibility for my actions.

I will not strike out (physically/verbally) in anger.

I will listen to what others have to say.

There is to be no teasing or prying.

I will show everyone respect.

What happens and what is said within the group stays within the group.

Group members should feel free to discuss their thoughts and feelings knowing they need not feel bashful, shy, or worry that friends or people outside the group will find out things they'd rather keep private.

I will trust my group members.

There will be no blaming and no lying.

I will complete all my homework assignments.

I will be positive and try to encourage everyone in my group.

If you agree to all the above, sign below.

Student name (PRINT)

Student name (SIGNATURE)

Date