

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,

You are invited to participate in an exciting mentoring program for the 2018-2019 school year. The Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., offers this opportunity to young ladies who are interested in joining our Dr. Betty Shabazz Delta Academy program.

The **Delta Academy** program is designed for females in grades 6-8 between the ages of 11-14 years old. 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 7, 2018. Please be sure to complete <u>ALL</u> 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, 2017-2019 (321) 662-9230

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

Chapter President

Neika Berry

Sherri King

Sherri King

Program, Planning & Development

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
- 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:
 - o Teacher or Guidance Counselor
 - Minister
 - A Sponsor / Advisor of any affiliation/organization
 - o A member of a Greek sorority or fraternity
- Submit an official copy of 4th quarter final report card with final GPA
- Participate in the interview process scheduled tentatively for Saturday, July 28, 2018.
- 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 8, 2018.

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 7**, **2018**.

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 <u>MUST</u> be returned at the time the packet is submitted or you will not be considered for participation.
- Interviews for new applicants will be scheduled for July (tentatively July 28, 2018). Those candidates selected for interviews will be notified at least one week prior to their scheduled time. Each interview will take approximately 10 minutes.

If you have any questions, please contact the current **Delta Academy** Chairs - Ms. Kimberly Hayes at (321) 662-9230, 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 8, 2018 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:	First		Middle Na	me or Initial
Age: Date of Birth:		Month	Day	Year
Address:Street Nu				
	(Apartment Numbe	er)	
City:	State: _		Zip Cod	e:
Home Phone: ()		Cell Phone: (
Adult T-shirt Size (select one): XS	_ SM _	L	XL	XXL
Church Affiliation:				
Middle School		Grade (20	018~2019))GPA
Are you a participant in the free/reduc	ced lunch pr	rogram? YES _	I	NO
This will be my 1st 2nd 3rd y	ear particip	ating in the D	elta Acade	emy program.
How did you hear about the program?				
, I S				
Parent or Guardian Information:				
Parent(s)/Guardian(s) Name:	7/11	101	1	
Home Number:	Work I	Number:	1	
Parent(s)/Guardian(s) Cell Number: _		1/1		
Parent(s)/Guardian(s) E-mail:		1		
Personal Information:				
Is your mother a member of Delta Sign	na Theta Sor	rority, Inc.?	Y I	N
Have you participated in any other Del	lta Academy	programs?	Y I	N
Do you currently have a sibling partici	pating in a	Delta Academ	y, GEMS, Y I	
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.

Provide a brief overview of any special award and/or achievements.	s received for academics, philanthropic, athletic	
Who is (are) your role model(s) and why?		
Please place a check by each topic that may be of	interest to you:	
Conflict Resolution	Self~Esteem	
Personal Hygiene	Healthy Relationships	
Health Issues	Beauty & Fashion Tips	
Financial Awareness	Social Etiquette	
Museum of Arts/Science Field Trips	Peer Pressure/Bullying	
Other (educational or social) Please specify: _		
SIGNATURE OF APPLICANT	DATE	
Print Name of Applicant		
SIGNATURE OF PARENT/GUARDIAN	DATE	
Print Name of Parent/Guardian		

SECTION 3: 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 accepted by my daughter. Should it be necessary daughter regardless of the time or day or night. I Chapter or its members responsible if my daught misconduct.	, I will provi <mark>de transportation for m</mark> y will not hold Orlando Alumnae
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.

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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