

Delta Academy 2024-2025 Application



Dear Future College Graduate,

You are invited to join the Oklahoma Sooner City Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Delta Academy Program.

The Delta Academy is designed for young women who meet the following criteria:

- 11-14 years of age.
- Demonstrates great academic and personal promise.
- Shows interest in developing leadership skills.
- Show interest in community action and social change.
- Shows interest in non-traditional STEM (science, technology, engineering, and mathematic) careers.

Applications are due September 6, 2024

Please email them to deltaacademy@dst-oscalumnae.org

or

Oklahoma Sooner City Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

ATTN. Dr. Betty Shabazz Delta Academy Committee

P.O. Box 16463

Oklahoma City, Oklahoma 73113

If you have any questions or concerns, please email. Thank You.

Email Address: deltaacademy@dst-oscalumnae.org

Oklahoma Sooner City Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Dr. Betty Shabazz Delta Academy Program

Application for Admission

Personal Information

Name: _____ Email: _____

Address: _____ Phone #: _____

City State Zip Code

Age: _____ Birthdate: _____ Ethnic Status: African American,

Non-Hispanic, Hispanic, Pacific Islander, American Indian, Alaskan Native, White,

Non-Hispanic, Pacific Islander, Indian Sub-Continent

Are you a U.S. Citizen? Yes No If no, are you a permanent resident? Yes No (You must present evidence of your status)

Do you have any special needs due to any physical condition or disability? Yes No If Yes, please explain: _____

Academic Information

School: _____

School Counselor:

_____ Have you failed any subject? Yes No

If yes, List subjects: _____

*******Tutoring will be available at the parent or participant's request*******

Do you participate in the following services at your school?

Math Lab Reading/Writing Lab ESL Program Other Tutoring Are you having difficulty in any classes currently? Yes No *****(Please be honest)***** What are your current grades in the following subjects?

English _____ Math _____ Science _____ History _____ Other _____ Other _____ Other _____

Family Information

Mother's Name: _____ Phone #: _____

Email: _____

Father's Name: _____ Phone #: _____

Email: _____

Legal Guardian (if applicable): _____ Phone #:

_____ Email: _____

With whom do you live? Mother Father Both Guardian Number of brothers and

sisters living in the home (or children supported by parents): Brothers: _____

Sisters: _____ Others: _____ Total number of family members at home

(self-included): _____

Emergency Contact Person (other than your parents): _____

Relationship: _____ **Phone:** _____ **Has**

anyone you know participated in the Delta Academy Program?

If yes, who? _____

TShirt Size S M L XL

I understand the goals, objectives and requirements of the Delta Academy Program and I agree to support my child in fulfilling them. I also understand that if my daughter does not fulfill the required goals and objectives, she will be terminated from the Program. I have provided information that is valid and correct to the best of my knowledge.

(These also include the objectives listed in the Orientation Handbook, but are not limited to only those stated.)

Student's Signature Parent/Guardian's Signature Date

Dr. Betty Shabazz Delta Academy

Parental Consent Form

(All sections must be completed by a parent/guardian)

INSURANCE PROVIDER

Student's Name: _____ Address: _____

_ City State Zip

Parent's Name: _____ Cell# _____ Home# _____

Emergency Contact Person: _____
Relationship

Is Student covered by health insurance? Yes N

Policy Type: _____ Insurance Company: _____

Policy #: _____ Expiration Date: _____

MEDICAL RELEASE

I authorize the Delta Academy sponsors to provide emergency medical and dental services for my child.

I will not in any way hold the Delta Academy Program responsible for any treatment deemed necessary for medical/dental services.

Parent/Guardian Signature Date

I authorize the Delta Academy Program to provide transportation for my child to and from

program activities. I hereby release Delta academy staff from any responsibility for any criminal act of malice, vandalism, theft and other unlawful behavior during her trips sponsored by the program.

Parent/Guardian Signature Date

Student's Name:

AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

I, hereby authorize the staff of the Dr. Betty Shabazz Delta Academy Program to obtain pertinent school records such as grade checks, transcripts, test scores, and immunization records for my child _____.

Parent/Guardian Signature Date

Student's Signature Date

After completion of the application, please return it to:

**Oklahoma Sooner City Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
ATTN. Dr. Betty Shabazz Delta Academy Committee
P.O. Box 16463
Oklahoma City, Oklahoma 73113**

Applications are due September 6, 2024

If you have any questions or concerns, please email. Thank You.

Email Address: deltaacademy@dst-oscalumnae.org

Meeting Information: Day: Every second Saturday of the month Time: 10:00 a.m.
Location: Virtual or In-person. In-person meetings will be held at The Oklahoma Counseling Center, 3000 United Founders Blvd, OKC, OK, 73112.