Dear Applicant and Parent(s)/Guardian(s),

The Dr. Betty Shabazz Delta Academy provides an opportunity for local chapters of Delta Sigma Theta Sorority to enrich and enhance the education that our young teens (grades 6-9) receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning defined as the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st century. The Miami Alumnae chapter plans and implements varied activities based upon the needs of the early adolescents in the Miami area. The activities implemented most often include computer training, self-esteem and etiquette workshops, field trips for science experiences and for college exposure, and special outings to cultural events, fancy dinners, museums, plays, and concerts.

2022-2023

Dr. Betty Shabazz

Delta Academy

**PLEASE MAIL COMPLETED APPLICATION TO:**

*Miami Alumnae Chapter*

*Delta Sigma Theta Sorority, Inc*

*P. O. Box 680726*

*Miami, FL 33168-0726*

*Attention: DELTA ACADEMY*

**Or you mail email it to:**

[*deltaacademymac@gmail.com*](mailto:deltaacademymac@gmail.com)

**APPLICATIONS ARE DUE BY**

**SATURDAY, OCTOBER 15**

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street Address Apt/Suite #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City ZIP Code*

HOME NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_ CELLULAR NUMBER: (\_\_\_) \_\_\_-\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

(mm) (dd) (yyyy)

T-SHIRT SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL INFORMATION**

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

CONTACT NUMBER: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

CONTACT NUMBER: (\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOBBIES**

HOBBIES: (*CHECK ALL THAT APPLY*)

COOKING SINGING DANCING STEPPING CHEERLEADING

PARTY-PLANNING SHOPPING READING OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

**MIDDLE SCHOOL**

**(PLACE A CHECK NEXT TO THE APPLICANT’S MIDDLE SCHOOL)**

Allapattah Brownsville Middle Carol City Middle Charles R. Drew Horace Mann Lake Stevens Madison Middle Miami Edison Norland Middle North Dade Middle North Miami Parkway Middle

Thomas Jefferson Westview Middle Fl. Int’l Charter YWPA

Mater East Liberty City Charter Aspira Charter Doctor Charter

Youth Co-Op Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRADE LEVEL**

**(PLACE A CHECK NEXT TO THE APPLICANT’S CURRENT GRADE LEVEL)**

6TH GRADE 7TH GRADE 8TH GRADE 9TH GRADE

**FAVORITE SCHOOL SUBJECTS**

*(PLEASE CHECK ALL THAT APPLY)*

Language Arts Social Studies Math Art

Science Computers Home Economics Band

Drama Chorus/Vocals Physical Education Dance

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY**

PLEASE WRITE A 250 WORD MAXIMUM ESSAY. PLEASE ATTACH THE ESSAY TO THE YOUR APPLICATION.

**NEW MEMBERS:** WHY I WOULD LIKE TO BE A PART OF DELTA ACADEMY?

**RETURNING MEMBERS:** WHY SHOULD I BE CONSIDERED FOR DELTA ACADEMY FOR ANOTHER YEAR?

***\*\*A COPY OF THE 2021-2022 SCHOOL YEAR REPORT CARD (LAST REPORT CARD RECEIVED) MUST BE INCLUDED WITH THE APPLICATION.\*\****

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE *DATE*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*APPLICANT SIGNATURE DATE*

**APPLICATION DEADLINE:**

***(APPLICATION MUST BE MAILED, or HAND DELIVERED AT FIRST SESSION)***

**SATURDAY, OCTOBER 15, 2022**

**ORIENTATION WILL BE HELD ON:**

**Saturday, September 17, 2022**

**TO BE DETERMINED**

**Dr. Betty Shabazz Delta Academy Contact**

Adrienne Burrows, *Chair*

Chandale Williams, *Co-Chair*

deltaacademymac@gmail.com

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we**

**hereby authorize to seek emergency medical or surgical care for my/our child.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT FOR YOUTH**

**PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or

obscene language or engaging in physical violence, bullying (including cyber-bullying)1

or other aggressive behaviors that threaten the safety of others.

1. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta’s name or any symbol or logo (Delta’s intellectual property) on any clothing, books, bags, or other items.
2. Return supplies to their proper place after using them.
3. Clean up all work areas properly.
4. Listen carefully to directions and when someone else is talking.
5. Respect designated quiet areas, such as homework/reading area.
6. Stay within the program’s designated areas within the building.
7. Cooperate and participate in organized activities.
8. Assume full responsibility for all personal belongings. Please leave valuables at home.
9. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at

any time.

**Sanctions for Violating *Code of Conduct***

**Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

**Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

**Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance

or dangerous weapon, the police will be notified as well

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the

Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DA Participant - Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*.

I understand that my child’s compliance with the *Code of Conduct* is a condition of her/his

participation in the Delta Academy program. I agree that the sanctions for violating the *Code of*

*Conducts are* reasonable and will help my child comply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent - Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY**

It is the policy of the Miami Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its Delta Academy Youth Initiative Program (“Program”).

The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of

the youth initiative; the date; the time in and the time out; and the names of the

participants, with a column for the participant and visitors to check her/their status (as

member, youth, volunteer, or visitor). The form should distinguish whether a member is

assisting with the Program or is a visitor/observer.

1. Only authorized persons (those identified in writing) will be allowed to pick up a

participant from the Program. Volunteers shall refuse to release a participant to any

person, whether related or unrelated to the youth, who has not been authorized, in

writing, by the parent or guardian to receive the youth.

1. One of the following procedures shall be observed during departure and return:

a. Parents or an authorized representative will sign out youth.

b. Older youth who have written parental permission will be allowed to leave the

program on their own. Members will establish a system where the youth check

themselves out with an approved volunteer; the approved volunteer will ensure

that the youth signed out and initial the attendance sheet.

c. When chapters provide transportation to offsite sponsored events, members will

develop and implement a system to ensure that all youth participating for the day

board the correct bus or other vehicle at the time of departure to and return from a

scheduled activity.

**Chapters should clearly communicate to parents or guardians that, if a parent or guardian**

**wishes to arrange alternative transportation for their child to attend an offsite activity, the**

**youth may join the group at the event or activity, but the Miami Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.**