

*Ahoskie Alumnae Chapter of
Delta Sigma Theta Sorority,
Inc. Dr. Betty Shabazz*



Delta Academy

"Embracing Girl Power on Purpose"

What is the Dr. Betty Shabazz Delta Academy?

The Ahoskie Alumnae Chapter Delta Academy is an educational and cultural program for middle school girls. Our intent is to identify young women who will be enthusiastic, focused, and determined to grow into leaders in their community. WE ARE LOOKING FOR YOU!

Delta Academy Goals

- *To help young women between the ages of 11-14 years old develop cultural, educational, and leadership skills.*
- *To increase the academic success of young women through mentorship and tutoring.*
- *To empower young women to develop higher levels of self-esteem through personal and interpersonal growth and development.*

Delta Academy Applicant Criteria

- *Females, ages 11-14*
- *Grades 6th-8th*
- *Be available to attend monthly sessions*
- *Commitment to actively participate in Delta Academy workshops, community service projects, and socials.*

If you are or know a middle school student who would benefit from participation in Delta Academy, please complete the application packet and return it to your teacher or the person that gave it to you by October 29th. For any questions about Delta Academy, please contact Ms. Genia Canada at gmcandada27@gmail.com or 252-333-5117 or Mrs. Wanda Outlaw at woutlaw@hertford.k12.nc.us or 252-398-4470.



Applicant Demographic Information (Please print or type)

Delta Academy Member Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birthday: _____ Age: _____

Name of School _____ Grade _____

Favorite Subject: _____

Why? _____

Most difficult subject: _____

Why? _____

Applicant Profile (Please print or type)

Have you attended Delta Academy in the past? •Yes •No If yes, how many years? _____

What would you like to gain from Delta Academy this year?

List three goals you have for this school year?

What high school do you plan to attend?

What colleges are you interested in attending?

What do you want to be when you grow up?

What three things make you special? _____

Additional Information (Please print or type)

Parent(s) Name _____ Email Address: _____

Because we often supply food at our workshops please list any food allergies

Will you be able to fully commit to activities scheduled for each month? _____

Recommended by: (check one) _____Teacher _____Counselor _____Parent(s) _____Self

I _____, am interested in participating in the Dr. Betty Shabazz Delta Academy. I understand that the program duration is from November 2019 to May 2020 monthly. **I understand that my membership is necessary and valuable at each session and therefore I am expected to attend all scheduled meetings unless a written note or verbal confirmation is received from my parent(s) excusing me from a missed meeting.** By signing this document I am agreeing to the terms stated above.

Signed _____ Date _____
(Delta Academy Member)

Signed _____ Date _____
(Parent or Guardian)

Delta Academy Committee Members:

Genia Canada, Chair
Wanda Outlaw, Co-Chair
Andrea Canada
Chaquella Daughtry

Charlene Jones
Marlina Perry
Reba Carlton
Linda McNair-Moore, Ex-officio

The Ahoskie Alumnae Chapter
of Delta Sigma Theta Sorority, Inc.

Parental Consent Form

I, _____, give consent for _____,
(Printed name of Parent/Guardian) (Printed name of Student)

to participate in all activities organized by or through Ahoskie Alumnae's 2019-2020 Delta Academy Program. I grant permission to make photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation. This is also my permission for the leader in charge, or designates, to make arrangements for qualified medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Parent/Guardian Emergency Information:

_____ Home Phone

_____ Work/Cell Phone

_____ Alternate Phone

I authorize _____ to be contacted in case of an emergency or if I cannot be reached. His/Her home phone number is _____ and work/mobile phone number is _____.

Does your child have a medical condition that we should be aware of before allowing your child to participate in this program? ____ Yes ____ No

If yes, please state the nature of the medical condition:

By signing this form, I hereby hold harmless and release the organization and members of Delta Sigma Theta Sorority, Incorporated, Ahoskie Alumnae Chapter from any and all responsibility for injuries suffered by my child while participating in the Delta Academy program and from any expenses related to the treatment received by a medical provider, including transportation to any medical facility.

I also understand that in order for the Ahoskie Alumnae Chapter Dr. Betty Shabazz Delta Academy to maintain a safe and healthy environment for all children; drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity. Therefore, I understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2019-2020 Delta Academy Program.

Signed: _____ Date: _____
(Parent/Guardian Signature)

Questionnaire

1. How did you learn about the program?

2. Please rank the most important aspects of the Delta Academy program to you. Use the numbers 1-5, using each number only once. Rank 1 as the most important to you and 5 as the least important to you.

- _____ Develop leadership skills and how to relate to others
- _____ Learn more about non-traditional careers for women
- _____ Learn how to improve my self-esteem
- _____ Learn more about college
- _____ Learn more about reading, math, science, and technology

3. Please mark all that apply to your situation.

- _____ I am a girl who has potential but limited opportunities to achieve success.
- _____ I am a girl who is overlooked or left out of special programs at school, because
- _____ I am unable to overcome financial, personal, or academic obstacles in my life.
- _____ I am a girl who is smart but am dealing with low self-esteem issues.
- _____ I am a girl who wants to expand my horizon.
- _____ I am a girl who

4. List clubs, sports and organizations you belong to at school, church, community, etc.

(Express in your own words)

Please provide a brief, but detailed statement describing your interest in the Dr. Betty Shabazz Delta Academy program. What do you hope to learn and accomplish through participation in our Academy? **(You may need to attach an additional sheet)**

October 10, 2019

Dear Parent/Guardian:

The Ahoskie Alumnae Chapter of Delta Sigma Theta Sorority, Inc. invites your daughter to participate in its Dr. Betty Shabazz Delta Academy which is one of the Sorority's national initiatives for youth. The Delta Academy is named for the outstanding and accomplished widow of Malcolm X, in recognition of her contributions as an outstanding educator and role model for young women.

The symbol for the Delta Academy is the Dream Catcher. A Dream Catcher, from Native American culture, is believed to possess the power to capture bad dreams, entangling them in the Catcher's web, thus allowing only good dreams to pass through and into the person's being. The Delta Academy is a dream catcher! It helps its members recognize, receive and plan for reaching their dreams and goals, as well as making their dreams a part of their being and a foundation for their future. The goals of the Delta Academy are achieved through challenging and fun activities, field trips, and other special incentives. A particular emphasis is placed on African American history, literacy, self-esteem, non-traditional careers, service learning, and leadership development.

The Delta Academy, especially designed for young ladies 11 – 14 years of age, will provide scholarship, service learning activities, and sisterhood enrichment opportunities for young ladies to prepare them for the 21st century and beyond. The Delta Academy is seeking young ladies who are: interested in developing their leadership skills, interested in computers and technology, interested in learning new things and who want to do all of these things in a fun environment.

If you would like for your daughter to become a part of this rewarding and exciting experience, please complete the attached application package, including the student application, parent consent form and health history form. **The packet should be submitted by October 29, 2019. The Kickoff/Orientation Session will be on Sunday, November 10, 2019 at 3:00 P.M. at DRCA located at 100/102 Rogers Street in Ahoskie, NC.** For more information, please contact Ms. Genia Canada, Chair at 252-333-5117, Mrs. Wanda Outlaw, Co-Chair at 252-398-4470 or any of the committee members listed in the packet.

Sincerely,
Genia Canada, Chair
Wanda Outlaw, Co-chair