



A Public Service Sorority Founded in 1913

Delta Sigma Theta Sorority, Inc.
North Dallas Suburban Alumnae Chapter

P. O. Box 830604

Richardson, Texas 75083-0604

214-452-7835 voice/fax Δ dstnds.org Δ info@dstnds.org

August 2008

Dear Parent(s) or Guardian(s):

We invite young girls between the ages of 11 and 18 to participate in the Dr. Betty Shabazz Delta Academy or Delta GEMS, which are national programs, sponsored by Delta Sigma Theta Sorority, Inc., a public-service sorority, to enhance the future of young African-American girls in the 21st Century.

Delta Academy is designed for girls, between the ages of 11 and 14, who demonstrate the potential to succeed, but may not have the necessary support systems in place, nor the encouragement necessary to help them believe that yes, they too, can excel in math, science, and technology, and be prepared to compete for the jobs of the future. The theme, “*Delta Academy: Catching the Dreams of Tomorrow – Preparing Young Women for the 21st Century*” embodies this thrust.

Delta Growing and Empowering Myself Successfully (GEMS), is designed for girls, between the ages of 15 and 18; a natural outgrowth and expansion for the continuation of the highly successful “Dr. Betty Shabazz Delta Academy. Delta GEMS was created to “catch the dreams” of African American adolescent girls and provides the framework to actualize those dreams through the performance of specific tasks that develop a “CAN DO” attitude. The Delta GEMS framework is composed of five major components; Scholarship, Show Me the Money, Service and Infinitely Complete, forming a road map for college and career planning.

You are invited to attend the program kick-off which will be held on **Saturday, September 20, 2008** at the Willie B. Johnson Recreation Center, 12225 Willowdell Drive, Dallas, Texas 75243 at 10:00 am.

Both Delta Academy and Delta GEMS will be held on the 1st and 3rd Saturday’s of each month beginning October 4, 2008 from 9:00 am – 1:00 pm at the Willie B. Johnson Recreation Center.

Attached you will find the program application and other pertinent forms for you to complete. The application and forms must be signed and returned to the address above and postmarked by **September 13, 2008**.

Please don’t hesitate to contact the Chair, Leslie Montena at 972-675-0682 or lhorton_home@yahoo.com with any questions you may have. We look forward to working with you and your young lady.

Regards,

Carolyn Y. Matthews,
NDSA Chapter President

Carolyn Y. Matthews
President

Nikeya R. Anderson
Recording Secretary

Jada R. Burton
Treasurer

Tracey M. Harris
First Vice President

Tameika G. Miller
Financial Secretary

Michelle D. Blakely
Second Vice President

Chariessa D. Payne
Corresponding Secretary

Danielle Y. Rhodes
Assistant Financial Secretary

Delta Sigma Theta Sorority, Inc.
North Dallas Suburban Alumnae Chapter
Dr. Betty Shabazz Delta Academy and Delta GEMS

Program Description

The Dr. Betty Shabazz Delta Academy and Delta GEMS are national programs sponsored by Delta Sigma Theta Sorority, Inc., a public-service sorority, to enhance the futures of young African-American girls in the 21st Century.

Delta Academy is designed for girls, between the ages of 11 and 14, who demonstrate the potential to succeed, but may not have the necessary support systems in place, nor the encouragement necessary to help them believe that yes, they too, can excel in math, science, and technology, and be prepared to compete for the jobs of the future. The theme, *“Delta Academy: Catching the Dreams of Tomorrow – Preparing Young Women for the 21st Century”* embodies this thrust.

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Participant Application Criteria

In order to participate in the Dr. Betty Shabazz Delta Academy and Delta GEMS, specific criteria and guidelines must be met by applicants as described below:

- All participants must be African American girls. This is a gender-specific program.
- Girls must be no younger than 11 years old and no older than 18 years old as of their most recent birthday.
- The girls must meet financial eligibility based on the HHS 2008 Poverty Guideline. (See Referral Information Form)
- Each girl must complete and submit an application packet including:
 - Participant Application Form
 - Parental Permission Form
 - Referral Information Form
 - Most recent Transcript and/or Report Card
- Packets must be postmarked by **September 13, 2008** to be considered for the 2008-2009 Delta Academy and Delta GEMS program.

Participant Profile

Delta Academy and Delta GEMS is designed for girls with one or more of the following characteristics:

- Possess potential, but limited opportunity to achieve success
- Interested in developing leadership skills
- Interested in video games, computers, and technology
- Enjoy learning new things
- Express an interest in math, science, and technology and/or careers that are considered non-traditional.

Participant Schedule

- Program kick-off date will be Saturday, September 20, 2008 at 10:00 am
- Meet 1st and 3rd Saturday of each month beginning October 4, 2008 from 9:00 am – 1:00 pm
- Meeting location will be at the Willie B. Johnson Recreation Center, 12225 Willowdell Drive, Dallas, Texas 75243

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Participant Application

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

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

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Academic/Special Interest Information

School: _____ Grade: _____ Age: _____

Please rank the following subjects and activities in order of preference with **1** being the most favorite and **7** being the least favorite.

- | | | |
|------------------|--------------------------|----------------------------------|
| ____ Mathematics | ____ Computers | ____ Learning about jobs/careers |
| ____ Video Games | ____ Working with Groups | ____ Field Trips |
| ____ Science | ____ Helping Others | ____ Community Service |

Please list other areas of interest: _____

Please list extra-curricular activities in which you participate (indicate offices held, if applicable). You may attach a sheet to the application if more room is needed.

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Parental Permission

Dear Parent/Guardian,

In order to ensure that we have a problem-free Delta Academy and Delta GEMS program, including regularly scheduled meetings and learning sessions, field trips, etc., please read and discuss with your child the rules governing participation in the program. Also read and sign the release and medical form. Each child is required to have a form on file in order to participate.

(Please print)

Youth's Name: _____

Emergency Contact Persons (please list two (2)):

Name: _____ Relationship: _____ Phone #: (____) _____

Name: _____ Relationship: _____ Phone #: (____) _____

We (I), _____, in consideration of our (my) child's participation in Delta Academy or Delta GEMS program or her use of facilities thereof, do hereby, for ourselves (myself) waive, release, and discharge any and all claims for damages arising out of our (my) child's participation in such facilities. We (I) understand that we are waiving claims for any property damages or personal injuries which may occur.

Emergency Medical Permission

In order to meet all legal requirements, I hereby authorize the members of Delta Sigma Theta Sorority, Inc., North Dallas Suburban Alumnae Chapter to give consent for my daughter, _____, for any and all emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the members of the Delta Sigma Theta Sorority, Inc., North Dallas Suburban Alumnae Chapter, to take my daughter to the nearest hospital or medical facility. I also understand that I will be responsible for any cost incurred at the medical facility in the event of an emergency.

Please list any medication your child is taking: _____

Please list any allergies or medicines/foods allergic to: _____

Photographic and Video Materials Release

Delta Sigma Theta Sorority, Inc., North Dallas Suburban Alumnae Chapter promotes participation in its programs in print, photographic and video materials which may feature program participants. We (I) give consent for use of photographic and video materials in which my daughter may appear for promotional, reporting and award purposes. We (I) understand that no form of compensation will be provided in exchange for use of such material.

Parent/Guardian Signature: _____ Date: _____

Youth's Signature: _____ Date: _____

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Referral Information

To be eligible to participate in the Dr. Betty Shabazz Delta Academy and Delta GEMS, participants must meet the financial eligibility requirements based on the poverty guidelines established by the U.S. Department of Health and Human Services. Based on the number of family members, this prospective participant's family income must be verified:

(Please check one)

_____ **is** at or below the income guidelines stated below.

_____ **is not** at or below the income guidelines stated below.

Please circle the appropriate figures.

2008 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

No. in Family	Poverty Guideline	No. in Family	Poverty Guideline
1	\$ 10,400	5	\$24,800
2	\$14,000	6	\$28,400
3	\$17,600	7	\$32,000
4	\$21,200	8	\$35,600

SOURCE: *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972

Signature of Parent/Guardian: _____

-----**Do Not Write Below This Line. For Committee Use Only**-----

Application Reviewed by: _____

Parent/Guardian contacted by: _____

Program Guidelines explained to parent/guardian: ____ Yes ____ No

Special considerations/arrangements: _____

Decision: ____ Accepted ____ Not-accepted ____ Tabled

(Please attach an explanation of rationale for not-accepted/taled applications.)