

MAKING HER-STORY



*Catching the Dreams
of Tomorrow,
Preparing Young
Women for the 21st
Century.*

DR. BETTY SHABAZZ DELTA ACADEMY & GEMS DELTA SIGMA THETA SORORITY, INC. NORTH DALLAS SUBURBAN ALUMNAE CHAPTER

**Applications for the 2017-
2018 year are now
available!**

We invite all parents to come to our Program Kick-off /Parents Meeting on Saturday, September 9th from 10 am – 12 pm at The Willie B. Johnson Recreation Center located at 12225 Willowdell Drive, Dallas, TX 75243.

Visit our website at www.dstnds.org “Youth Programs” to learn more and to download an application packet. For questions, please contact Ola Akintola, Committee Chair at dac_gems@dstnds.org

The Dr. Betty Shabazz Delta Academy and Delta GEMS are national programs sponsored by Delta Sigma Theta Sorority, Inc., a public-service sorority. The purpose of the programs, which features two age appropriate groups, is to enhance the future of young girls, with an emphasis on the African-American community. Delta Academy is designed for girls, ages of 11-14. Delta Growing and Empowering Myself Successfully (GEMS), is designed for girls, ages 14 - 18.



**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 is a national program sponsored by Delta Sigma Theta Sorority, Inc., a public-service sorority. The purpose of the program, which features two age appropriate groups, is to enhance the future of young African-American girls.

Delta Academy is designed for girls, ages of 11- 14, who demonstrate the potential to succeed, but may not have the necessary support systems in place to help them believe they 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, ages of 14 thru 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 development of a “CAN DO” attitude.

Participant Application Criteria

Below is specific criterion for the Delta Academy and Delta GEMS program; Applicants should adhere to the guidelines described below:

- Open to female minorities with an emphasis on the African-American community.
- Girls must 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 2009 Poverty Guideline.
- Each girl must complete and submit an application packet including:
 - Participant Application Form
 - Parental Permission Form
 - Referral Information Form
 - Current Transcript/Report Card
- Application Packet can be faxed or mailed by October 1st or provided at the kick-off or first session.



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



Dr. Betty Shabazz Delta Academy and Delta GEMS

Participant Application

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Participant's Email: _____

School: _____ Grade: _____ Age: _____

T-Shirt Size: XS _____ S _____ M _____ L _____ XL _____ XXL _____

Parents Information

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

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

Cell Phone: (____) _____ Parent's Email: _____

How did you hear about us?

How did you become aware of this program (check all that apply)?

Chapter Website _____ Referral _____ (list name here: _____)

Radio _____ Newspaper _____ Flyer _____

Academic/Special Interest Information

Please rank the following in order of interest with 1 being most to 9 least interest.

___ Mathematics/Science	___ Arts/Crafts	___ Careers/Job
___ Fashion/Shopping	___ Beauty/Makeup	___ College Attendance
___ Music/Videos	___ Community Service	___ Sports

Please list participation of current and past extracurricular activities (includes dates, and indicate offices held, if applicable). You may attach a sheet to the application if more room is needed.



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Dr. Betty Shabazz Delta Academy and Delta GEMS

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 a Delta Academy and 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.



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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(s)' Signature: _____ Date: _____

Youth's Signature: _____ Date: _____



**Delta Sigma Theta Sorority, Inc.
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Dr. Betty Shabazz Delta Academy and Delta GEMS

Delta Academy/ GEMS Contract of Conduct

As a member (or parent) of Delta Academy or Delta GEMS:

- I will respect everyone's privacy and right to an opinion,
- I will show everyone respect,
- I will listen to others without interrupting,
- I will not participate in teasing or prying,
- I will trust my group members and group leaders.
- I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time,
- I will actively participate in all sessions and complete all assignments,
- I will be positive and try to encourage everyone in my group
- I will arrive for each session on time,
- I will not participate in any activity or conduct such as illegal activities, fighting, pregnancy, cursing, etc... that do not meet the standards of the program. Participation in such events will cause dismissal from the program.

Parent:

- I will ensure that my daughter is dropped off and picked timely for each session.
- I will participate in activities where parental support is requested.
- I will support the purposes of the program by encouraging my daughter to do her very best in all activities and completion of all assignments.

If you agree to all of the above, sign below:

Participant Signature

Parent Signature

Date



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Dr. Betty Shabazz Delta Academy and Delta GEMS

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. The following must be verified:

Based on the number of family members, this prospective participant's family income
(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.

The 2014 Poverty Guidelines for the
48 Contiguous States and the District of Columbia
For families/households with more than 8 persons, add \$4,020 for each additional person

1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
1	\$11,490

SOURCE: *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183

Parent Signature: _____

Application Reviewed by: _____

Parent/Guardian _____

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/tailed applications)