



# Detroit Alumnae Chapter Delta Sigma Theta Sorority, Inc.

## Dr. Betty Shabazz Delta Academy Application Packet

**Hand delivered application packets will not be accepted.**

24760 W. 7 Mile Road  
Detroit, MI 48219

For more information: [shabazzacademy@detroitdeltas.org](mailto:shabazzacademy@detroitdeltas.org)



Dear Dr. Betty Shabazz Delta Academy Applicant:

Thank you for your interest in being a part of this organization in which young girls from ages 11-14 have the opportunity to “Embrace Girl Power” by learning leadership skills, financial responsibility and more.

Delta chapters across the world are teaching our young girls how to be healthy, ambitious and confident leaders, as they strive for academic excellence. We are committed to addressing the many aspects of middle school girls’ needs. Our overarching goal is to guide girls into womanhood with the educational support and professional guidance that will teach them how to create opportunities for academic success. We work to enhance decision-making and communication skills, develop abilities and talents so that young girls are equipped to compete in a global society and become change agents in the transformation of their communities.

Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. Our Sorority has a rich history of advocating for positive change. Twenty-two collegiate women at Howard University founded Delta Sigma Theta Sorority on January 13, 1913. These students wanted to use their collective strength to promote academic excellence and to provide assistance to persons in need. The first public service act performed by the Delta Founders was their participation in the historic Women’s Suffrage March in Washington, D.C., in March of 1913. ([www.deltasigmatheta.org](http://www.deltasigmatheta.org)).

Please review the contents of this application and submit your completed packet with all required documents to this email address: [shabazzacademy@detroitdeltas.org](mailto:shabazzacademy@detroitdeltas.org)

Sincerely,

Dr. Betty Shabazz Delta Academy Committee  
Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

**Dr. Betty Shabazz Delta Academy**  
***Embracing Girl Power on Purpose***

**PARTICIPANT SELECTION CRITERIA**

The Delta Academy program is designed to provide our young girls with the necessary tools to embrace their strength and worthiness. After each session, we want our girls to leave with feelings of positivity and empowerment, ready to take on the world with their Black girl magic.

The Delta Academy offer opportunities to young women of great promise who might otherwise be excluded because they lack support, resources, and encouragement. The Delta Academy recognizes the disadvantages many young women in various communities face because of gender, income, age, and parental resources, despite the personal potential of the girls themselves. A primary goal of the Academy is to prepare young women for full participation in the 21st century world.

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

- ▲ Is 11 to 14 years of age.
- ▲ Demonstrates great academic and personal promise, lacks support and encouragement.
- ▲ Shows interest in developing leadership skills.
- ▲ Shows interest in community action and social change.
- ▲ Shows interest in non-traditional STEM (science, technology, engineering, and mathematics) careers.

# **ELIGIBILITY & PARTICIPATION REQUIREMENTS AND EXPECTATIONS**

## **SCHOOL ENROLLMENT**

Participants must be enrolled in middle school to remain eligible for the Dr. Betty Shabazz Delta Academy Program. Those persons who are “home schooled” are allowed to participate, provided that they are in a legitimate home school program.

## **MEETING REQUIREMENTS**

Dr. Betty Shabazz Delta Academy youth are required to attend monthly meetings that are held on one Sunday of every month. Youth are expected to attend at least 80% of meetings.

## **ATTENDANCE & PARTICIPATION EXPECTATIONS**

The success and effectiveness of the program is based on the attendance of all the Dr. Betty Shabazz Delta Academy youth. As such, attendance at the welcome ceremony and all Sunday meetings is an expected requirement. All participants must attend 80% + of the scheduled meetings each year (or six).

The Dr. Betty Shabazz Delta Academy committee understands that family obligations, extracurricular activities, school requirements, and unforeseen circumstances may occur. Consequently, up to 20% or approximately two absences may be excused. Continued participation in the program is contingent upon each participant’s attendance, which will be monitored by the Dr. Betty Shabazz Delta Academy Committee. As soon as a participant is aware that she will be absent, she must immediately contact the chair of the Dr. Betty Shabazz Delta Academy.

**Attention all Applicants and Parents:**

**Please complete checklist prior to mailing application to confirm that applicant has attached all required documents.**

Applicant Name	Date

<b>Application Requirements</b>	<b>Completed</b>
Application submitted	
General Information Form	
Emergency Contact Information	
Medical Information & Permissions	
Administration of Prescription Medication	
Authorizations & Permissions	
Code of Conduct and Ethics Form Initialed and Signed	
Initialed and Signed Parental Commitment	

Please print neatly

## General Information

### APPLICANT INFORMATION

Last Name		First Name, Middle Initial		Age	Date of Birth (DD/MM/YYYY)
Street Address		City	State	Zip	
Home Phone with Area Code		Personal Cell Phone with Area Code		Email Address	
School Name (Middle School)		City			Current Grade Level

### PARENT/GUARDIAN INFORMATION

Last Name		First Name (mother)		Fist Name (father)	
Street Address (if different from applicant's)		City	State	Zip	
Home phone (if different from applicant's)		Cell Phone (mother)		Cell Phone (father)	
Email Address (mother)		Email Address (father)			

## Emergency Information

### EMERGENCY CONTACT

(Someone other than parent listed on general information form)

Alternate Emergency Contact Last Name		First Name		Relationship
Area Code & Phone Number		Cell or Alternate Emergency Area Code & Phone Number		

Please print neatly

<b>Applicant Last Name</b>	<b>Applicant First Name</b>

## MEDICAL INFORMATION

<b>Preferred Detroit Area Hospital for Medical Emergency Treatment</b>			
<b>Physician's Name</b>	<b>Office Phone #: Area Code &amp; Phone Number</b>		
<b>Physician's Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Insurance Provider</b>	<b>Policy Number</b>	<b>Group Number</b>	

### Allergies

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Medical conditions that may require the attention of adult committee members of the Dr. Betty Shabazz Delta Academy program.

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## PERMISSION

I give my permission to any member of the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Inc., to contact the above named physician if serious medical conditions exist to obtain emergency medical care for my child in the event that I am not able to be contacted by telephone and/or will not be able to arrive immediately.

<b>Parent Signature</b>	<b>Date</b>

# Prescription Medication Authorization

<b>Applicant Last Name</b>	<b>Applicant First Name</b>

## ADMINISTRATION OF PRESCRIPTION MEDICATION AUTHORIZATION FORM

<b>Last Name of Applicant</b>	<b>First Name of Applicant</b>	<b>Date of Birth (DD/MM/YY)</b>
<b>Medication 1</b>	<b>Dosage</b>	<b>Time of Administration</b>
<b>Reason for Medication</b>	<b>Route of Administration (e.g. Oral, IV, inhaler)</b>	
<b>Possible Side Effects &amp; Other Significant Information</b>		
<b>Medication 2</b>	<b>Dosage</b>	<b>Time of Administration</b>
<b>Reason for Medication</b>	<b>Route of Administration (e.g. Oral, IV, inhaler)</b>	
<b>Possible Side Effects &amp; Other Significant Information</b>		
<b>Physician's Name</b>	<b>Physician's Area Code &amp; Telephone Number</b>	

## ADMINISTRATION OF PRESCRIPTION MEDICATION

I/We hereby give permission for our minor child to take the prescription medications listed above during the **Dr. Betty Shabazz Delta Academy** program as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to a **Dr. Betty Shabazz Delta Academy** committee member at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish this medication and any authorized refills in their original containers with original label. I/We further understand that Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, the **Dr. Betty Shabazz Delta Academy** program, its agents, and/or any employee who administers any drug to my/our child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. The **Dr. Betty Shabazz Delta Academy** youth initiatives program reserves the right to refrain from administering medication if in the judgment of the **Dr. Betty Shabazz Delta Academy** or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

<b>Parent Signature</b>	<b>Date</b>

## Authorizations & Permissions

<b>Applicant Last Name</b>	<b>Applicant First Name</b>

### PICK-UP AUTHORIZATION

I authorize the persons listed below to pick-up my child from the Dr. Betty Shabazz Delta Academy program events (including any specified members of the Dr. Betty Shabazz Delta Academy Committee). For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child.

<b>Parent/Guardian Last Name</b>	<b>Parent/Guardian First Name</b>	<b>Emergency /Cell Area Code and Phone number</b>
<b>Parent/Guardian Last Name</b>	<b>Parent/Guardian First Name</b>	<b>Emergency/Cell Area Code and Phone number</b>
<b>Alternate Authorized Person's Last Name</b>	<b>First Name</b>	<b>Emergency/Cell Area Code and Phone number</b>
<b>Alternate Authorized Person's Last Name</b>	<b>First Name</b>	<b>Emergency/Cell Area Code and Phone number</b>
<b>Parent Signature</b>		<b>Date</b>

## ***Photography Consent and Release***

I/We, give permission for the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter"), to publish on the Internet or media, still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child at the **Dr. Betty Shabazz Delta Academy** programs and activities without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the **Dr. Betty Shabazz Delta Academy** program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images. I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting any child to conspicuous ridicule, scandal, reproach, scorn and indignity. I/we hereby certify that I/we are her parents/guardians and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

## General Release

I also, hereby, release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child’s participation in the **Dr. Betty Shabazz Delta Academy** Program. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

\_\_\_\_\_  
Parent’s Last Name (Printed)

\_\_\_\_\_  
Parent’s First Name (Printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Last Name (Printed)

\_\_\_\_\_  
Parent’s First Name (Printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Code of Conduct & Ethics and Internet Acceptable Use

Every participant in the Detroit Alumnae Chapter **Dr. Betty Shabazz Delta Academy** program is expected to conduct themselves in a manner that will not belittle or defame the **Dr. Betty Shabazz Delta Academy** program or themselves. Using profanity or any other derogatory language is unacceptable and will not be tolerated. Violating any laws, regulations, or statuses at school and/or in the community is considered a violation of this code of conduct and ethics. This policy also relates to the use of computers or Internet access through, during, or as part of any **Dr. Betty Shabazz Delta Academy** sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet; from making undesirable contacts over the Internet; and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber-bullying. The focus of the policy is on both personal and shared responsibility. Any participant, who has engaged in behavior that is determined to be in violation of this code, may be subject to their membership being revoked.

## I agree to:

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) or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of others. This means to not damage or deface the building or property within the building where Chapter activities are held; to not damage or take the personal property of any other participant or volunteer; and to not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings and leave valuables at home.
10. Not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.
11. Refrain from accessing prohibited materials:  
Pornographic images or obscene images or text on Internet web sites; material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous or otherwise offensive language on web sites or in e-mail messages; and racist, exploitative or illegal material or messages on web sites or in e-mail.
12. Refrain from making prohibited contacts:  
Responding to e-mail messages or solicitations (through advertisements or web postings) from unknown or unverified parties who seek to establish a youth's identity and/or to communicate with the youth for any purpose; initiating contact with unknown or unverified parties or parties seeking contact youth for any purposes.
13. Refrain from prohibited use:  
Deliberately searching for and accessing prohibited materials; creating and transmitting e-mail messages that contain unacceptable language or content such as that listed above in 11; and creating and publishing Internet materials that contain unacceptable language and content.
14. Refrain from Cyber-bullying:  
Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings which has the effect of physically, emotionally or mentally harming an individual; placing an individual in reasonable fear of physical, emotional or mental harm; placing an individual in reasonable fear of damage to or loss of personal property; or creating an intimidating or hostile environment that substantially interferes with an individual's educational opportunities.

\_\_\_\_\_  
*Parent's Initials*

\_\_\_\_\_  
*Applicant's Signature*

## Code of Conduct Continued – Sanctions for Violations of the Code

I understand that the following sanctions will be implemented for violating the Code of Conduct & Ethics and Internet Acceptable Use Policy:

### *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.

### *Unacceptable Internet Usage:*

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.

We have read and understand the Code of Conduct & Ethics and Internet Acceptable Use Policy and sanctions for violation. We understand that compliance with the Code and Policy is a condition of her participation in the **Dr. Betty Shabazz Delta Academy** program. We understand and agree to the sanctions for violating the Code and Policy and will comply accordingly.

\_\_\_\_\_  
Parent's Last Name (Printed)

\_\_\_\_\_  
Parent's First Name (Printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Last Name (Printed)

\_\_\_\_\_  
Prospective First Name (Printed)

\_\_\_\_\_  
Prospective Signature

\_\_\_\_\_  
Date

**Application Review Check List (For Internal Use: Dr. Betty Shabazz Delta Academy Review Committee)**

Applicant Name	Application#
Applicant Address	City/State/Zip
Applicant Email	Applicant Contact Phone #:

Criteria	Check if YES	Notes/Comments
Application submitted by the due date		
Confirmed Application Number		
General Information Form Completed		
Emergency Information Form Completed		
Authorizations and Permissions Form Completed		
Personal Essay Completed		
Code of Conduct and Ethics Form Initialed and Signed		
Initial and signed parental commitment – Initialed and Signed		
<b>Applicant Recommended for Acceptance</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Application Reviewed by: \_\_\_\_\_

Date of Review: \_\_\_\_\_