

Dr. Betty Shabazz Delta Academy

2016-2017 Application

Girls Ages 11-14, Grades 6th through 8th



Please type or use blue or black ink only.

New Member Returning Delta Academy Member Date: _____

Name: _____ Birth Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Applicant's E-mail: _____

Parents/Guardian: _____

Address: _____ (if different than above) City/State _____ Zip _____

Home Phone: _____ Work Phone: _____

E-mail (hm): _____

E-mail (wk): _____

Middle School: _____ Grade: _____ GPA: _____

School Address _____

City _____ State _____ Zip _____

Favorite Subject: _____ Least Favorite Subject: _____

High School you plan to attend: _____

College you plan to attend: _____

Medical Condition(s) Delta Academy Leaders should be aware of:

List all the extracurricular activities (including community, church activities, public service projects and interests) and positions held. (Add additional sheet if needed)

How did you learn about Delta Academy:

- Church Friend Current Member
 School Counselor Member of Delta Sigma Theta Sorority, Inc Other _____

List three people you would refer for Delta Academy Membership:

- (1) Name _____ Contact home/cell # _____ Relationship _____
(2) Name _____ Contact home/cell # _____ Relationship _____
(3) Name _____ Contact home/cell # _____ Relationship _____

In the event of an emergency

Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Alternate Phone: _____

Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Alternate Phone: _____

Mail completed applications to:

**Delta Academy
Delta Sigma Theta Sorority, Inc., Flint Alumnae Chapter
ATTN: Lynn Barbee
P.O. Box 13198
Flint, MI. 48501**