

Baker-Zachary Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.



Delta Sigma Theta Sorority, Inc.
Baker-Zachary Alumnae Chapter



Youth Programs Joint Application Packet
2019 – 2020

Overview of Programs

Program Name	Program Description
Dr. Betty Shabazz Delta Academy	<p>➤ Applicants must be young girls ages 11 – 14; grades 6th – 8th</p> <p>Goals of the BZA Delta Academy Program:</p> <ul style="list-style-type: none"> ➤ Help young women in grades 6 to 8 develop educational, cultural, leadership skills, and community service involvement. ➤ Increase the academic success of young women through mentorship and activities and programs that focus on math, science, literacy, and technology. ➤ Expose members to nontraditional careers for women. ➤ Empower young women to develop greater levels of self-esteem through personal and interpersonal growth and development <p>➤</p> <p>Questions or comments can be sent to bza.educationalchair@gmail.com</p>
Delta GEMS (<i>Growing and Empowering Myself Successfully</i>)	<p>➤ Applicants must be young ladies ages 14 – 18; grades 9th – 12th</p> <p>Goals of the BZA GEMS Program:</p> <ul style="list-style-type: none"> ➤ Instill the need to excel academically. ➤ Provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success. ➤ Assist girls in proper goal setting and planning for their futures, high school and beyond. ➤ Assist with the exploration of various career paths. ➤ Create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities. ➤ Foster meaningful public service including networking and mentoring. ➤ Encourage self-confidence, self-motivation, and self-discipline. ➤ Promote positive societal interactions. <p>Questions or comments can be sent to bza.educationalchair@gmail.com</p>

Application Packet Requirements

- ❑ Signed application (parent/guardian signature is required if applicant is under 18).
- ❑ One letter of recommendation from any of the following non-related representative (**GEMS Only**):
 - Teacher
 - Church Leader
 - Guidance Counselor
 - Community Organization
 - Employer

The letter should include the following:

1. Length of time they have known the applicant
2. Applicant's personal qualities, character, leadership abilities and any special attributes
3. Why they believe the applicant will succeed in our youth programs

If you participated in a BZA sponsored youth program during the most recent school year, you are not required to submit a letter of recommendation.

Please mail completed application packets to:

Baker-Zachary Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 338
Baker, LA 70704 - 0338

ALL APPLICATION PACKETS MUST BE POSTMARKED BY October 14, 2019.

If you have any questions or need any additional information, please contact the GEMS committee chair at:

bza.educationalchair@gmail.com

YOUTH PROGRAMS APPLICATION

APPLICANT INFORMATION

Program you are applying for:	Delta Academy <input type="checkbox"/>	Delta GEMS <input type="checkbox"/>
I am a returning participant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:		
Age:	Date of Birth:	Grade Level:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Email Address:
School:		
Grade Level:	Guidance Counselor Name:	Most recent cumulative GPA:
Do you have any allergies? If yes, please explain:		
Do you require any special accommodations to participate? If yes, please explain:		

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian:	Relationship to applicant:	
Address (if different from applicant):		
Home Phone:	Cell Phone:	Email:
Emergency Contact Name:		Contact Number:
Name of Parent/Guardian:		
Address (if different from applicant):		Phone:
Home Phone:	Cell Phone:	Email:
Relationship to applicant:		

YOUTH PROGRAMS APPLICATION

EXTRACURRICULAR INVOLVEMENT (CHURCH, SCHOOL, COMMUNITY, ETC.)

LIST ANY HONORS AND AWARDS

WHAT ARE YOUR TOP 3 FUTURE GOALS

- 1.
- 2.
- 3.

HOBBIES & SPECIAL TALENTS

LIST 3 THINGS YOU WOULD LIKE TO TALK ABOUT

- 1.
- 2.
- 3.

Individuals that are accepted will be contacted and required to attend orientation. During orientation, the remaining application forms (listed below) must be completed and submitted:

- | | |
|--|--------------------------------|
| ✓ <i>Parental Affirmation/Waiver & Release</i> | ✓ <i>Code of Conduct</i> |
| ✓ <i>Consent to Photograph</i> | ✓ <i>Pick Up Authorization</i> |
| ✓ <i>Off-Site Permission</i> | ✓ <i>Medical Treatment</i> |
| | ✓ <i>Emergency Contact</i> |

If selected to participate in a youth program sponsored Baker-Zachary Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following program guidelines and expectations:

- ➔ Attend the orientation session (mandatory).
- ➔ ***Attend all regularly scheduled meetings (3rd Saturday each Month from 9:30 am – 12:30 pm), community service and other planned activities.***

Applicant Signature: _____

Parent/Guardian Signature: _____