Dear Parent:

**The Delta Academy** was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. Delta Academy provides an opportunity to enrich and enhance the education that our young teens receive in public schools across the nation. A primary goal of the program is to prepare young girls to be leaders. The activities include workshops, field trips, service opportunities, and special outings to cultural events, fancy dinners, museums, plays, and concerts.

The Delta Academy Curriculum includes activities in the following areas:

**Economic Development**

▲ Career Exploration

▲ Money Management

**Educational Development**

▲ Leadership

▲ STEM

**International Awareness and Involvement**

▲ Delta Programs Throughout the World

**Physical and Mental Health**

▲ Self-Esteem

**Political Awareness and Involvement**

▲ Civic Responsibility

▲ Social Action

For consideration into the Delta Academy program, all applicants must complete the provided application. All application components must be received by **September 23, 2019**. Space is limited. Only accepted applicants into the Delta Academy program will be notified by phone, email or mail. The Delta Academy program is scheduled to meet once per month beginning on **September 28, 2019** from **10:00 am - 11:30 am**, during the Meet and Greet/Parent Orientation at the Delta Life Center - West Ashley. The remaining subsequent meetings will be announced at the orientation.

Thank you for your interest into Delta Academy and we look forward to building a successful program.

**Please mail all components of the completed application in one envelope to:**

CAC-Delta Academy Chair

P.O. Box 20672 Charleston, SC 29413

Or scan/email to:

cacdst.deltaacademy@gmail.com

Applications received after **September 23, 2019** will not be reviewed

**Yvette Miller,** Chapter President :: **Natikki Dawkins**, Delta Academy Chair :: **Dmetria Coakley**, Delta Academy Co-Chair

**ELIGIBILITY REQUIREMENTS**

All participants must meet the following criteria:

☐ Be a young lady entering or attending middle school in the fall (grades 6-8)

☐ Submit a completed Delta Academy application \**Only completed applications received by* **September 23, 2019** *will be reviewed.*

☐ Submit all signed forms after notification of acceptance. (Letter of Consent & Waiver form, Code of Conduct form, Emergency Medical Treatment Authorization form, and Media Release form)

☐ Show a commitment to display consistent attendance at monthly meetings and scheduled activities.

☐ Show a commitment to display a positive attitude and follow the guidelines as set forth by the Delta Academy program.

**ACTIVITIES**

Activities for Delta Academy participants may include:

* Presentations and Seminars
* Black History Month Observance
* Community Service
* Cultural and Community Events

**DELTA ACADEMY Application**

**Code of Conduct:**

Participation in the Delta Academy requires a strong level of commitment and responsibility. All participants are to adhere to a “Code of Conduct,” which consists of policies and procedures that governs the group. The “Code of Conduct” will be provided to every member of the program.

**PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION**

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| Applicant Information | | | | | |
| Name: | | | Address: | | |
| Date of Birth: | Home Phone: | | | | Cell Phone: |
| Email Address: | Facebook:  Yes  No | | | | Instagram/Twitter:  Yes  No |
| Are you a previous Delta Academy participant?  Yes  No | | | | If yes, list favorite activity: | |
| School Information | | | | | |
| School Name: | | City: | | | Grade Level: |
| Student Involvement & Ambitions | | | | | |
| List extracurricular activities including community, church, school and organizations. Please note positions held and meeting days/times. | | | | | |
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| Please list any honors, awards, hobbies or special interests you have. | | | | | |
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| What are your goals or plans after middle school? | | | | | |
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| How did you find out about the Delta Academy? | | | | | |
| What do you hope to gain from participating in Delta Academy? | | | | | |
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| Parent/Guardian’s Name: | | | Address: | | |
| Email Address: | Home Phone: | | | | Cell Phone: |
| Preferred Contact Method: | Facebook:  Yes  No | | | | Instagram/Twitter:  Yes  No |
| Is your child a previous Delta Academy participant?  Yes  No | | | If yes, list your favorite activity: | | |
| Signatures | | | | | |
| Signature of applicant: | | | | | Date: |
| Signature of parent: | | | | | Date: |