

The Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
invites you to...



2026-2027

Dear Prospective Delta Academy Applicants and Parents:

The Delta Academy was created out of an urgent sense that bold action was needed to save our young ladies (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 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

To be considered for the Delta Academy program, all applicants must complete the provided application. All application components must be emailed by **May 15th, 2026**. Space is limited. Only accepted applicants into the Delta Academy program will be notified by phone or e-mail.

Delta Academy Participants and Parents/Guardians **must attend the virtual mandatory orientation via zoom** in **September 2026**. Failure to attend orientation will result in Academy Member not being able to participate this year. The Delta Academy program is scheduled to meet **once per month from October 2026 through May 2027**. **These meetings will be held in-person**, and location will be announced at the orientation.

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

Please email all components of the completed application to:
CAC-Educational Development Chair

cacd.st.educationaldevelopment@gmail.com
Applications emailed after **May 15th, 2026** will not be reviewed.

Mamie Bush, Chapter President
Nicole Middleton, Educational Development 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 **May 15,2026** 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

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



Delta Academy

Application

Applicant Information			
Name:		Address:	
Date of Birth:	Home Phone:	Cell Phone:	
Email Address:	Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No	Instagram/Twitter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a previous Delta Academy participant? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
Please list any honors, awards, hobbies or special interests you have.			
What are your goals or plans after middle school?			
How did you find out about the Delta Academy?			
What do you hope to gain from participating in Delta Academy?			
Parent/Guardian's Name:		Address:	
Email Address:	Home Phone:	Cell Phone:	
Preferred Contact Method: Cell Phone	Facebook: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Instagram/Twitter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child a previous Delta Academy participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list your favorite activity:	
Signatures			
Signature of applicant:		Date:	
Signature of parent:		Date:	