



Delta Sigma Theta Sorority, Inc. Las Vegas Alumnae Chapter

October 3, 2022

Greetings! Delta Sigma Theta Sorority, Inc. the Las Vegas Alumnae Chapter is excited that you and your daughter are interested in participating in the Dr. Betty Shabazz Delta Academy. This year promises to be exciting, and we are committed to providing an experience that will enhance our girls' academic, social, and communication skills.

We strongly encourage you to submit your application by Friday, October 21, 2022. Applications should be submitted electronically to academy.lvacdst@gmail.com. Information about our first meeting will be given to you once you return the application. Carefully review the enclosed documents. If you have any questions, feel free to contact committee chair, Linda T. Curtis at (313) 717-6255 or co-chair, Stephanie Simmons-Johnson at (702) 278-5289. We look forward to working with you and your daughter during this school year!

Sincerely,

Belinda Marentic, President
Delta Sigma Theta Sorority, Inc.
Las Vegas Alumnae Chapter
www.dstlvac.org

Delta Sigma Theta Sorority, Inc.
Las Vegas (NV) Alumnae Chapter
The Dr. Betty Shabazz Delta Academy

The Dr. Betty Shabazz Delta Academy is an educational program initiated by Delta Sigma Theta Sorority, Inc. in an effort to prepare young women for leadership in the 21st century and to promote the principles of scholarship, service, and sisterhood. The Delta Academy program 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.

In keeping with the national program objectives, the Las Vegas Alumnae Chapter incorporates program offerings in math, science, technology and reading. In addition, participants take part in workshops on self-esteem building, manners/etiquette, and health and nutrition. Field trips include educational, industrial, and historic community sites and a college tour. The local chapter has allocated funding so that each participant can participate in the program free of charge.

While the program curriculum is designed for the specified age group, there will be many activities that will be jointly attended by other community service groups this enhances each girl's experience and allows her exposure to activities that are worthwhile to her development. Members of the Shabazz Delta Academy will also have the opportunity to complete community service projects. It is our hope they will gain tools to help them cultivate and maintain strong interpersonal skills. The participants will generally meet once a month; however, participants may occasionally meet more frequently due to specially scheduled academy activities.

PROGRAM STANDARDS: To ensure and maintain the high quality of the participants' experience, Delta Academy participants are asked to follow the below standards for program days and special events.

- Prompt and regular attendance is required.
- Three consecutive absences (excused or unexcused) are treated as voluntary withdrawal. A participant **MUST** contact the Chair of the Academy at least 24 hours prior to the scheduled meeting or activity to qualify for an excused absence.
- Prompt and respectful response to directions from Committee members, members of Delta Sigma Theta Sorority, Inc. program day presenters and peer leaders.
- Appropriate personal and business conduct in all workshops and sessions
- Fair and respectful treatment of fellow Academy participants. Strict compliance with guidelines for field trips and/or college tours.

PROGRAM SUPPORT

- The Dr. Betty Shabazz Delta Academy Committee is charged with the primary responsibility of the Academy. The committee is supported by the membership of Delta Sigma Theta Sorority, Inc. the Las Vegas Alumnae Chapter. However, program day presenters may be from various parts of the community (i.e., various professions, technical fields, faith-based, etc.) to ensure that participants have rich and meaningful experiences.
- Parents/ guardians are **KEY** to the achievement of the program objectives. They are strongly encouraged to promote the success of the program by:
 - Ensuring prompt and regular attendance of the participant (parents are responsible for ensuring their child has transportation to and from ALL academy activities)
 - Providing materials the participants need for projects and special events
 - Performing other various tasks as agreed upon with committee members

Program Emphasis: The Transformation of Me

1. Knowing Me

Self-Esteem
Decision Making
Relationships

2. Developing Me

Body Image
Sexual Health
Nutrition and Fitness

3. Preparing Me

Leadership Development
Community Action
Career Awareness



DELTA SIGMA THETA SORORITY, INC.
Las Vegas Alumnae Chapter

Dr. Betty Shabazz Delta Academy Enrollment Application
(Please type or print in black ink only)

Applicant Name: _____

Academic Grade: _____ Date of Birth: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Applicant Email Address: _____

T-Shirt Size: Small Medium Large X-Large 2X-Large

Height: _____ Weight: _____ Waist: _____ Pant Size: _____ Shoe Size: _____

Parent(s) Email Address #1: _____

Parent(s) Email Address #2: _____

Parent(s) phone 1: _____ phone 2: _____

School Complete Name (no abbreviation): _____

City: _____ Counselor: _____

Extra-Curricular Activities: _____

Talents (What do you do best?): _____

What do you want to gain from participating in the Shabazz Delta Academy Program?

What new subjects are you interested in learning more?

Signed: _____

Date: _____

(Applicant signature)

PARENT/GUARDIAN INFORMATION FORM

DELTA SIGMA THETA SORORITY, INC.

Las Vegas Alumnae Chapter

Parent/Guardian Name (1):

Name: _____ Role: _____

Address: _____

City: _____ State: _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Name (2):

Name: _____ Role: _____

Address: _____

City: _____ State: _____

Home/Work Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact & Number (If parent(s)/guardian is not available):

Name: _____ Relation: _____

Address: _____

City: _____ State: _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

Relations: _____

Parent/Guardian Signature _____ Date: _____

Selection Process

If you have any questions, please e-mail the DELTA ACADEMY Chair, **Linda T. Curtis** or Co-Chair, **Stephanie Simmons-Johnson** at academy.lvacdst@gmail.com.

If selected for membership:

If selected to become a member of the SHABAZZ DELTA ACADEMY Program, sponsored by Las Vegas Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:

*Participation in the New Membership/Parent Orientation is **MANDATORY**.

*Involvement and participation in all SHABAZZ DELTA ACADEMY activities are governed under the guidance of Las Vegas Alumnae Chapter of Delta Sigma Theta Sorority, Inc., SHABAZZ DELTA ACADEMY Code of Conduct, Officers, and Committee Chairpersons.

*Membership is strictly voluntary and requires a strong level of commitment.

*Members in good standing may continue membership until middle school graduation.

*Attendance at all regularly scheduled meetings (currently the third Saturday of each month from 2:00pm-4:00 pm- location MLK Senior Center, N. Las Vegas); occasional workshops/community service and other planned activities are expected that might fall on a different day of the week.

*A 2.5 or better grade point average will be required and maintained.

*Appropriate behavior becoming of a young lady should be always exemplified.

In 250 words or less, tell us what you can contribute to the program and what you hope to gain from the **SHABAZZ DELTA ACADEMY Program? Your essay must be TYPED and submitted with your application.**



Delta Academy Member Information Sheet

My Name and Birthday:	
Aspiration(s): College; Vocational School; Military; &/or _____ - list area(s) of study:	
My strength:	
My dream Career is:	
My family consists of:	
Most impactful moment:	
My Favorite Book:	
My Favorite Past Time is:	
My Favorite meal to cook:	
My Favorite Store & location:	
Favorite Workout	
Favorite Foods:	
I Love it when I Get:	
My Favorite TV Show:	
My Favorite Color:	
My Favorite Quote is:	
Social Media Handles:	

AGREEMENT TO PARTICIPATE

We have read and agree with the information provided for the **DELTA ACADEMY** Program sponsored by Las Vegas Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) child is selected for membership into the **DELTA ACADEMY** Program, please accept (our/my) signature(s) as (our/my) consent to have her participate. You may count on (us/me) for support and assistance whenever appropriate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



DELTA ACADEMY Membership

Criteria for Membership:

Membership into the SHABAZZ DELTA ACADEMY program is held once a year. The following criteria will be used to determine eligibility:

- Entering or attending middle school in the fall (grades 6-8)
- Must have a grade point average of 2.5 or higher
- Submit a completed application with a school photo
- Submit an essay describing why you want to be a Shabazz Delta Academy member.
- One letter of recommendation (from a school official, a community leader, or family friend)
- Participate in the new member/ parent orientation process
- Submit completed application with Parent Signature

Activities:

The following activities are included but not limited to the organization's participation:

- Presentations and Seminars
- Volunteer Hostess/Ushers
- Community Service
- Participation in the Martin Luther King, Jr. Parade
- Academic Testing and Writing Workshops
- Annual Holiday Party, Sisterhood Activities, Field Trips, and End of Year Celebration

Code of Conduct:

Membership in the SHABAZZ DELTA ACADEMY organization requires a strong level of **commitment** and **responsibility**. All members are to adhere to a "Code of Conduct," which consists of policies and procedures that govern the organization. The "Code of Conduct" addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, etc. The "Code of Conduct" will be provided to every member of the program.



Is your application complete? Please make sure you have **all parts** of your application packet completed.

- Application
- Essay
- Photo
- One letter of recommendation (one letter from a school official, a community leader, or a family friend)
- Unofficial Transcript
- Participation Permission

Please make sure to e-mail your completed application to Delta Academy Chair at the address listed below:

Linda T. Curtis, Chair
Stephanie Simmons-Johnson, Co-Chair
Attn: Shabazz Delta Academy Application 2022-2023
Academy.lvacdst@gmail.com

Please feel free to contact the Shabazz Delta Academy Chair or Co-Chair for more information.