

Foothill Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

2017-2018



Dr. Betty Shabazz Delta Academy



Dr. Jeanne L. Noble Delta GEMS

**APPLICATION MUST BE RECEIVED BY:
SATURDAY, NOV 4, 2017**

**PLEASE MAIL COMPLETED APPLICATION TO:
Delta Sigma Theta Sorority, Inc.
Foothill Alumnae Chapter
P. O Box 377
Monrovia, CA 91017**

**OR EMAIL TO:
dstfacyouth@gmail.com**



STUDENT INFORMATION

NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt.

CITY: _____ **ZIP CODE:** _____

HOME PHONE: () _____ **CELL PHONE:** () _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ **AGE:** ____ **T-SHIRT SIZE:** ____
(mm) (dd) (yyyy)

PARENT'S/GUARDIAN'S NAME:

First M.I. Last

HOME PHONE: () _____ **CELL PHONE:** () _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____
First M.I. Last

CONTACT NUMBER: () _____ **ALT NUMBER:** () _____

EMAIL ADDRESS: _____



MEDICAL (To Be Completed By Parent/Guardian)

IS APPLICANT:

(1) UNDER A DOCTOR'S CARE AT THIS TIME? YES _____ NO _____

IF YES, DOCTOR'S NAME _____

DOCTOR'S PHONE NUMBER _____

(2) TAKING ANY MEDICATIONS? YES _____ NO _____

IF YES, WHAT ARE YOU TAKING? _____

DOES APPLICANT HAVE ALLERGIES (food, dust, pollen, animals, drugs, etc.)?

YES _____ NO _____

IF YES, LIST THEM _____

IS THERE ANY ACTIVITY THAT THE APPLICANT CANNOT PARTICIPATE IN?

YES _____ NO _____

IF YES, PLEASE LIST: _____

EDUCATION: (To Be Completed By Applicant)

HAVE YOU PARTICIPATED IN Delta Academy/GEMS BEFORE? YES _____ NO _____

IF YES, EXCLUDING THIS YEAR HOW MANY YEARS HAVE YOU ATTENDED? _____

SCHOOL: _____

GRADE: _____ COUNSELOR: _____

MATH LEVEL/CLASS (i.e. Algebra I): _____

2016 - 2017 Final Grades: MATH: _____ ENGLISH: _____

SCIENCE: _____ HISTORY: _____

READING: _____

HAVE YOU PASSED THE CAHSEE (10TH grade and above only)? YES _____ NO _____



HAVE YOU TAKEN THE SAT OR ACT (9th-12th grade only)? Yes _____ NO _____

LIST YOUR FAVORITE SCHOOL SUBJECTS: _____

LIST THE SCHOOL CLUBS AND TEAMS YOU BELONG TO: _____

LIST THE CLUBS AND ACTIVITIES YOU PARTICIPATE IN OUTSIDE OF SCHOOL:

LIST YOUR HOBBIES: _____

(Student Name)

has my permission to attend the **Delta Academy/GEMS** program. In case of an emergency, I give my permission to apply whatever lifesaving first aid is necessary until I can be reached.

PARENT/GUARDIAN'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

APPLICATION DUE OCTOBER 7, 2017
PROGRAM ORIENTATION: SATURDAY, OCTOBER 21, 2017

*** A COPY OF APPLICANT'S 2016-2017 SCHOOL YEAR REPORT CARD MUST BE SUBMITTED AT THE FIRST MEETING.*** IF YOU HAVE ANY QUESTIONS, REGARDING THIS APPLICATION, PLEASE EMAIL: DSTFACYOUTH@GMAIL.COM