Delta Sigma Theta Sorority, Inc.
Gwinnett County Alumnae Chapter

GCAC services all of Gwinnett County except Centerville, Loganville, and Snellville

www.gwinnettdst.org

The Dr. Betty Shabazz Delta Academy Application

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Residents of Centerville, Loganville and Snellville need to apply with the Stone Mountain-Lithonia Alumnae Chapter)

Home Phone #: (____) _____ Cell Phone: (____) _____

Email address:_____

Date of Birth: _____ Grade in 2012-2013:_____

Name of School: _____ G.P.A.: _____

Student Status: First time with Delta Academy ☐ (Yes) ☐ (No) Returning Student ☐ (Yes) ☐ (No)

Are you willing to commit to a minimum of 3 hours per month to participate in Delta Academy?
☐ (Yes) ☐ (No)

Why would you like to participate in Delta Academy? (Please write a brief essay of 100 words or less).

Parent's Authorization

I agree to allow my daughter to participate a minimum of 3 hours per month if selected to participate in Delta Academy for program year 2012 – 2013.

Parent/Guardian Name: _____
(Please print legibly)

Parent/Guardian Signature: _____

Parent/Guardian Email address: _____ Parent cell # _____

Application deadline is April 15, 2012. Please mail completed application to:

Delta Sigma Theta Sorority, Inc.
Gwinnett County Alumnae Chapter
Attn: Delta Academy
P.O. Box 491508
Lawrenceville, GA. 30049