

**DR. BETTY SHABAZZ  
DELTA ACADEMY PROGRAM  
APPLICATION PACKET**



**DELTA SIGMA THETA SORORITY, INC.  
WESTCHESTER ALUMNAE CHAPTER  
P.O. BOX 268  
WHITE PLAINS, NY 10602**

**Application Deadline Wednesday, September 21, 2011**  
For more information contact Shaneyle Tucker (914-224-6661) or  
Jackie Simpkins (914-886-8180)

# **The History of Delta Sigma Theta Sorority, Inc.**

In 1913, twenty-two visionary women on Howard University's campus created Delta Sigma Theta Sorority, Inc. At the sorority's inception, the Founders demonstrated a vital concern for social welfare, academic excellence, cultural enrichment and community service. In 1930, Delta Sigma Theta was incorporated as a national organization in Washington, D.C.

The Founders' ideas of sisterhood, scholarship and service have withstood the test of time. Currently, the sorority consists of over 200,000 college educated women in more than 900 chapters across the country and in the Virgin Islands, Haiti, the Republic of Liberia, West Germany, Bermuda, Asia, Panama, England, Jamaica and the Bahamas.

The Westchester Alumnae Chapter of the organization, which began in 1959, perpetuates the tradition of public service by implementing several programs that initiate social change, encourage academic excellence and elevate cultural awareness. Some of these programs include:

- College Scholarships of more than \$65,000
- Youth Mentoring
- Political Action
- Voter Registration
- Back to School Clothes Drive
- Monthly Public Service Initiatives
- Interview Skills Workshop
- Cultural Awareness Programs
- Kings of the Kitchen

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# **Dr. Betty Shabazz Delta Academy**

The Dr. Betty Shabazz Delta Academy creates an atmosphere where positive experiences prevail and debilitating experiences for young girls are minimized.

Delta Academy is designed to offer African American and Latina girls, ages 11-14, access to fun activities that focus on math, science, and technology. We want to prepare our young girls for full participation in the 21<sup>st</sup> Century world.

Delta Academy also serves as a mentoring program that provides guidance, academic enhancement and cultural enrichment for young girls. The program's mentors encourage the young ladies to succeed, challenge them to create a better world for themselves, and urge them to continue with a positive outlook if faced with emotional or social roadblocks.

The Academy meets on the first Saturday of every month from October to June. The meeting location is the Mamaroneck Avenue School, 7 Nosband Avenue, White Plains, NY. **The first meeting of the 2011-12 program year will be held on Saturday, October 1<sup>st</sup>. It is a mandatory meeting for both parent and child.**

Program Components:

- Participate in "SEE" program (Science and Everyday Experiences) that encourages the girls to explore scientific and mathematical concepts in a fun and relaxed manner.
- Read selected books and participate in literary discussions.
- Develop and execute their own Kwanzaa program for children and parents residing at the Coachman Family Center.
- Participate in ongoing service learning program through a partnership with WestHELP.
- Participate in a Saturday retreat focused on building self-esteem, strengthening sisterhood, developing cultural awareness and providing a community service.
- Additionally there will be activities focused on educational achievement, personal development, and scholastic achievement, so participants will be required to supply a copy of each report card received throughout the 2011-12 school year.

**\*APPLICATION \***

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**Delta Sigma Theta Sorority, Inc.  
Westchester Alumnae Chapter  
P.O. Box 268  
White Plains, NY 10602**

**Dr. Betty Shabazz Delta Academy Student Information Form**

**STUDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

.....  
**HEALTH:**

**List any medical problems your daughter currently has:**

**Does your daughter have any food allergies?** \_\_\_\_\_

**Is your daughter taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, what?** \_\_\_\_\_

**How often?** \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_ @ \_\_\_\_\_

**ACADEMICS:**

**Name of School:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

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**Dr. Betty Shabazz Delta Academy Parent/Guardian Information Form**

**PARENT/GUARDIAN INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

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**1. Why would you like to see your child participate in the Dr. Betty Shabazz Delta Academy Program?**

**2. Do you have any special talents you might share with the academy or with other parents/guardians of academy participants?**

**3. Please let me know what month you would like to attend and/or assist us with our activities?**

- |                                   |                                |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> November | <input type="checkbox"/> March |
| <input type="checkbox"/> December | <input type="checkbox"/> April |
| <input type="checkbox"/> January  | <input type="checkbox"/> May   |
| <input type="checkbox"/> February | <input type="checkbox"/> June  |

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## Dr. Betty Shabazz Delta Academy Consent Form/Parent Agreement

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my consent for her to participate in the *Dr. Betty Shabazz Delta Academy* program. I understand that she will attend meetings at the *Mamaroneck Avenue Public School* on *Nosband Avenue* in *White Plains* on the first Saturday of each month from 10:00AM. to 12:00 PM unless otherwise directed by the program administrators.

\_\_\_\_\_ will participate in all phases of the program, for I understand that only through full participation will she benefit. I will ensure that my daughter supplies the program with a copy of each report card. It is understood that my daughter is to try to reach and maintain the highest educational standards as possible. I also understand that if she is absent for more than two consecutive meetings or four meetings during the 2011-12 program year, she could be asked to leave the program. Additionally, participation to select activities will be granted based on attendance.

I also agree to attend parent meetings that will be held to keep me informed of new developments and to share information. In addition I agree to offer my assistance for at least one of the scheduled Saturday meetings during the 2011-12 program year. Assistance can be in the form of transportation, donations, or helping with scheduled activities.

I understand that it is my responsibility to ensure my daughter is picked up on time. If my daughter will be picked up more than 15 minutes past the scheduled program end time, I must notify the program administrators in advance. If they are not notified and/or cannot stay with my daughter until I arrive, I agree to pick her up at the police precinct nearest to the scheduled program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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