



Delta Sigma Theta Sorority, Inc. Middletown (DE) Alumnae Chapter

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January 18, 2022

Dear Parents and Guardians,

The Dr. Betty Shabazz Delta Academy is a national initiative of Delta Sigma Theta Sorority, Inc. The Middletown (DE) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., is sponsoring this program in the MOT Area.

The primary goal of the program is to prepare young women, 11-14 years of age (grades 6-8), for full participation as leaders in the 21st Century and beyond. The goals of the Academy are to enhance or spark interest in math, science, technology and/or careers where minority women are scarcely represented. The Dr. Betty Shabazz Delta Academy's aim is to shape well-rounded young women by focusing on African American history, literacy, character development, healthy choices and service learning. Many young ladies have tremendous potential; however, they are not afforded the opportunity to broaden themselves, express their curiosity, and experience new and different things early on. During Academy sessions, activities are centered on math, science, technology, book club, and African American history.

The program will have 8 sessions. The dates of those sessions will be:

- March 8, 2022
- March 15, 2022
- March 22, 2022
- March 29, 2022
- April 5, 2022
- April 12, 2022
- April 19, 2022
- April 26, 2022

All sessions will take place via Zoom, from 6:30 pm to 8:00 pm. There is also a mandatory Parent/Participant Orientation scheduled for March 2, 2022 at 6:30 p.m. also via Zoom.

If you are interested in your daughter/student becoming a part of this rewarding and exciting experience, please complete the attached application. The application should be emailed to deltaacademy.dstmiddletownde@gmail.com.

All applications must be received by **Wednesday, March 2, 2022**. Please ensure that your application is submitted as soon as possible since we have limited enrollment for participants.

If you have questions or concerns, please feel free to contact Sharita Lampkin or Shannin Danquah at deltaacademy.dstmiddletownde@gmail.com.

We look forward to your participation.



**Delta Sigma Theta Sorority, Inc.
Middletown (DE) Alumnae Chapter
Dr. Betty Shabazz Delta Academy
Student Application Form 2021
(Please Print)**



Student Name: _____

Age: _____

Current Grade Level: _____

Address: _____

City, State: _____ **Zip Code:** _____

Home Phone: _____ **Parent/Guardian's Cell Phone:** _____

Parent/Guardian's E-mail Address: _____

School Name: _____

Are you a previous Delta Academy participant? ____ Yes ____ No

Have you been in a mentoring program in the past? ____ Yes ____ No

Favorite School Subjects: _____

Extra-Curricular Activities (Including school, community, or church):

Your Talents/Hobbies (What you do best and/or most like to do): _____

What would you like to learn as a participant in the Dr. Betty Shabazz Delta Academy?

Student Signature and Date

Parent/Guardian's Signature and Date