Marietta-Roswell Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Dr. Betty Shabazz Delta Academy Application

Please note that all applicants must reside in our service areas, which are Cobb, North Fulton and Cherokee counties.

Return completed application via email to EdDevelopment@dstmrac.com

Part I: To be Completed by a Parent/Guardian

_____ My daughter will be a new participant _____ My daughter will be returning

Parent/Guardian Name:	
Address:	
City, State, Zip:	
Home Phone:	
Cell/Alternate Phone:	
Email Address:	
Is the mother/female guardian a member of Delta Sigma Theta Sorority, Inc.?	
If so, are you currently active? (list chapter)	
How did you hear about Delta Academy?	

Child's Name:	
Address *(if different from above):*	
City, State, Zip:	
Home Phone *(if different from above):*	
Cell/Alternate Phone:	
Email Address:	
Name of school:	
Grade (for upcoming school year) – 6th, 7th, 8th	
Date of Birth:	
T-shirt Size:	

Part II: To be Completed by the Student

1. What are your plans after graduating from high school?

☐ College ☐ Vocational School ☐ Technical School

☐ Work ☐ Undecided ☐ Other

2. What are your career aspirations?

3. If you are a returning applicant, please answer the following essay question (100-150 words): How has science, technology, engineering, and mathematics influenced your life?

4. If you are a new applicant, answer the following essay question (250-300 words): Why would you like to be an active participant in the Dr. Betty Shabazz Delta Academy Program?