



Delta Sigma Theta Sorority, Inc.

Uncompromising Commitment to Communities: Service, Leadership, Empowerment

Student Information:

Last Name	First Name	Middle Initial
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Home Address	City	State	Zip	Contact Number
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Age	Birthdate MM/DD/YYYY	Email Address
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School Name	Grade
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How did you hear about the Delta Academy/GEMS/EMBODI program?

Based on the information provided about the youth programs, tell us what you would like to learn and experience from your participation?

Parent(s)/Guardians(s) Contact Information:

Mother's Name Preferred Phone Number

Father's Name Preferred Phone Number

Mother's Email Address Father's Email Address

Emergency Contact Name Relationship Contact Number

Please send this completed application to:

chapter@nwadst.org with subject line **YouthProgramsApplication LASTNAME.**

OR

Bring a hard copy to next event.