



DELTA SIGMA THETA SORORITY, INC.

Phoenix Metropolitan Alumnae Chapter

PO Box 25576, Phoenix AZ 85002

Website www.dstphoenixalumnae.org | Email: info@dstphoenixalumnae.org

Today's Date _____ Program Name: **Delta Academy** | **Delta GEMS**
(6th – 8th Grades) (9th – 12th Grades)

Applicant (Child)

First Name: _____ Last Name: _____

Age: _____ DOB: _____ Gender: Female Male

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Email Address: _____

Grade (this Fall): _____ School Attending (this Fall): _____

Parent/Guardian 1:

First Name: _____ Last Name: _____

Relationship: _____ Lives in home with child: Yes No Authorized to pick up Child: Yes No

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Other Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Email Address: _____

Parent/Guardian 2:

First Name: _____ Last Name: _____

Relationship: _____ Lives in home with child: Yes No Authorized to pick up Child: Yes No

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Other Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Email Address: _____

Emergency Contact (s):

First Name: _____ Last Name: _____

Home Phone Number: _____ Cell Phone Number: _____

First Name: _____ Last Name: _____

Home Phone Number: _____ Cell Phone Number: _____



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YOUTH INITIATIVES PROGRAM APPLICATION

Activities & Honors: Please describe your involvement in extracurricular school activities and community service.

Provide a brief overview of any special awards received for academics, athletic and/or achievements. Use separate paper if additional space is required.
