

DELTA SIGMA THETA SORORITY, INCORPORATED

PONTIAC ALUMNAE CHAPTER

Delta Academy/Project S.E.E. Committee

Delta Sigma Theta Sorority, Inc.
Pontiac Alumnae Chapter
Attn: Delta Academy
P.O. Box 431194
Pontiac, MI 48343

Dear Parents:

My name is LaShawn Green, chair of Pontiac Alumnae Chapter's Dr. Betty Shabazz Delta Academy/Project S.E.E. The Delta Academy was created out of an urgent sense that bold action was needed to save young females (ages 11-14) from the perils of low self-esteem, poor academic performance and often uncertain futures. The academy provides an opportunity for local chapters of Delta Sigma Theta Sorority, Inc. to augment and enrich the education that our young ladies receive in traditional math, science, and technology courses in school. Academy participants are also provided with opportunities to develop leadership and interpersonal skills through service and sisterhood activities.

Each year, the Delta Academy meets monthly from January to June, on the first and third Saturdays. We plan a variety of activities throughout our calendar year to enhance the personal development of our academy participants. In previous years we have held computer training, self-esteem and etiquette workshops, field trips to local science and medical facilities, as well as special cultural outings to museums and plays. This year, we plan to focus more on the sciences by incorporating programs developed through the Sorority's national initiative Project S.E.E. (Science and Everyday Experiences).

Attached is a tentative calendar of events to provide you with an idea of the activities we have planned for academy participants this year. We have found that the key to a successful Delta Academy program is strong parental involvement. Parental involvement includes providing transportation for your daughter to and from events; committing to her attendance at all scheduled events, and encouraging your daughter to be mindful of appropriate apparel and behavior at all times. The Delta Academy believes in upholding the highest standards for our young ladies.

If you are interested in having your daughter participate in this year's program, please complete the attached application and mail it back to the chapter's mailing address by **September 30, 2011**. We will be contact you with complete details regarding our upcoming parent meeting and the initiation ceremony for new participants. We look forward to another productive Delta Academy year.

Sincerely,

LaShawn Green
Delta Academy Chair

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PERMISSION NOTICE

My child, _____, has my permission to participate in the Delta Academy/Project S.E.E. program and the activities described in this permission notice.*

- I have provided notification of any physical or medical concerns that may interfere with my child's participation in Delta Academy activities (in whole or in part)
- My child does not have any physical or medical concerns that may interfere with their participation in Delta Academy activities (in whole or in part)

Please note that your consent only indicates that your child has permission to attend this field trip; it does not waive parent rights for any negligence that may occur during the trip.

(Parent's Signature)

(Date)

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and am authorized to grant such permission.

Chaperone:

I will be able to accompany my child as a volunteer to field trips/other planned activities.

- Yes No Comments: _____

(Signature)

(Date)

PHOTOGRAPH RELEASE/WAIVER

Occasionally, DST-PAC may take photographs of Delta Academy participants at our programs/events. We may use these images on our Web site, display boards that highlight our programs, in printed publications or video that we produce, or on all four.

I hereby grant to DST-PAC, its members, and representatives the right to take photographs of me/my child and my property in connection with the Delta Academy program. I authorize DST-PAC, its assignees and transferees to copyright use, and publish the same in print and/or electronically.

(Signature)

(Date)

Printed Name

Address

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IN CASE OF EMERGENCY

We make every effort to provide a safe and secure environment for your child during workshops/field trip. In order to better to protect the safety and health of your child, we request that you provide emergency contact information.

In case of an emergency, we will contact the parent listed on the permission notice. We request that another contact (not living at the same address) is provided who is authorized by the parent to act on his/her behalf should the parent not be available.

Emergency Contact Name: _____

Address: _____

Phone Number: _____

Relationship to Parent/Student: _____

Please list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. Indicate if the child has your permission to take such medication while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers.

Allergies: _____

Diet restrictions: _____

Physical/Mental restrictions: _____

Other: _____

Also if you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of this person.

Name: _____ Phone Number: _____

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APPLICATION

The Delta Academy is an exciting and innovative program developed for young ladies between the ages of 11 and 14. Many of these students are trapped in environments that do not support their educational development, especially in the disciplines of math and science. They often do not have access to computers to role models of adult women occupied in nontraditional careers and to meaningful opportunities for community service and leadership. The Delta Academy seeks to remedy some of the deficiencies by involving these young ladies in supervised and structured activities that will help them to develop into productive citizens with high self-esteem and an appreciation for the demands of an increasingly technological society. If you are interested in this opportunity, complete and sign the application and attached permission slip. All documents must include a parent/guardian signature. Mail the completed application and permission agreement to:

**Delta Sigma Theta Sorority, Inc.
Pontiac Alumnae Chapter
Post Office Box 431194
Pontiac, Michigan 48343-1194**

NAME: _____

ADDRESS: _____

CITY: _____ MI ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

CHURCH: _____

CHURCH ACTIVITIES: _____

HOBBIES & COMMUNITY ACTIVITIES: _____

FUTURE PLANS & GOALS: _____

WHAT WOULD DO YOU EXPECT TO GAIN BY PARTICIPATING IN THE DELTA ACADEMY? _____

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2011 ~ 2012 Calendar of Events

<u>Date</u>	<u>Activity</u>	<u>Location</u>	<u>Time</u>
9-30-11	Completed Applications Due	Mail: PO Box 431194, Pontiac MI 48343	
10-15-11	Induction Ceremony	St Paul's Lutheran Church	11 am – 1pm
11-12-11	Movie Matinee	Great Lakes Crossing	11 am – 2pm
12-17-11	Team Building Workshop	St Paul's Lutheran Church	11 am – 1pm
1-14-12	Field Trip: Cranbrook Institute of Science	39221 Woodward Avenue Bloomfield Hills, MI 48303 Phone: 248.645.3200	11 am – 1pm
2-4-12	Power Point Training Workshop	St Paul's Lutheran Church	11 am – 1pm
2-18-12	Power Point & Presentation Skills Workshop	St Paul's Lutheran Church	11 am – 1pm
3-3-12	Academy Power Point Presentation	St Paul's Lutheran Church	11 am – 1pm
3-17-12	Field Trip: Alpine Valley Ski Area	6775 East Highland Road White Lake, MI 48383	TBD
4-7-12	Service Activity: Gleaners Food Bank	120 East Columbia Avenue Pontiac, MI 48340	12 pm – 2:30pm
4-21-12	Science Experiment Workshop	St Paul's Lutheran Church	11 am – 1pm
5-5-12	Financial Literacy Workshop	St Paul's Lutheran Church	11 am – 1pm
5-19-12	Field Trip: Charles H. Wright Museum of African American History	315 East Warren at Brush Street in Detroit Michigan, 48201,	11 am – 1pm
6-2-12	Year-End Luncheon/ Activity	TDB	11 am – 1pm