



**Dr. Betty Shabazz Delta Academy**  
Fairfax County Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated

**“Catching the dreams of tomorrow, preparing girls for success in the 21st century”**

Parents/Guardian:

The women of the Fairfax County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. would like to extend an invitation to your daughter to participate in the Dr. Betty Shabazz Delta Academy - one of our sorority's national programs. The Academy is designed for young ladies 11-14 years old who may have an expressed interest or the desire to learn new things, develop their soft skills (ex. leadership, communication), or show an early interest in science, technology, math or any of the many non-traditional career choices.

The Dr. Betty Shabazz Delta Academy is named for the outstanding and accomplished widow of Malcolm X. In addition to being a registered nurse, Dr. Shabazz earned her doctorate in higher education administration and curriculum development.

Across the country, Delta Academy has taken many forms. In some chapters, the Academies are after-school or Saturday programs; others are weekly or biweekly throughout the school year; and still other programs occur monthly. At a minimum, chapters plan and implement varied activities based upon the needs of young women within their communities. The activities implemented most often include computer training, self-esteem and etiquette workshops, field trips for experiences and for college exposure, and special outings further enhancing cultural knowledge.

The Fairfax County Alumnae Chapter's Delta Academy Program will run from October 2022 through May 2023. These meetings will be fun and interactive activities designed to provide opportunities for individual and educational growth, soft skill development and reflection.

**A meeting to provide additional information will be held on Saturday, October 30, 2022 from 2-3:30pm via Zoom. Attendance at this meeting is mandatory. It will serve as an introduction to the participants and parents/guardians and provide an opportunity to explain our expectations for the coming year.**

If you would like for your student to be considered for this rewarding experience, please complete the enclosed application in its entirety (student application, parent consent, and student health history) and mail to the address below.

If you have any questions, please contact Delta Academy Chair, Volita Russell at [Academy@fcacdst.org](mailto:Academy@fcacdst.org)

**Dr. Betty Shabazz Delta Academy**  
**Applicant Criteria**

(Please keep this page for your record)

Each applicant must meet the following criteria to be considered for acceptance into the 2022-2023 FCAC Delta Academy:

- A young lady, age 11-14\* years old (*\*14 and in the 8<sup>th</sup> grade*)
- Reside in Fairfax County
- Currently in good academic standing
- A positive attitude
- Committed to actively participate in Delta Academy sessions, programs, and scheduled service projects
- Submission of all forms and other documentation by the submission deadlines denoted herein.

**About Delta Sigma Theta Sorority, Incorporated...**

The Delta Sigma Theta Sorority, Incorporated is a private, non-profit organization whose purpose is to provide services and programs to promote human welfare. A sisterhood of more than 200,000 college educated women, the Sorority currently has over 900 chapters located in the United States, England, Japan, Germany, the Virgin Islands, Bermuda, the Bahamas, and the Republic of Korea.

The Sorority was founded in 1913 by 22 students at Howard University. These young women used their collective strength to promote academic excellence and provide assistance to the needy. The major programs of the Sorority are based upon the organization's Five Point Thrust; Economic Development, Educational Development, International Awareness and Involvement, Physical and Mental Health, and Political Awareness and Involvement.

**Dr. Betty Shabazz Delta Academy**  
**Application Checklist**

(Please keep this page for your record)

Your completed application packet should consist of the following components:

- Applicant Profile
- Academic Recommendation Form (for NEW applicants only)
- Parental Consent Form
- Preference Worksheet

Applications, sent by mail, must be postmarked by **October 5, 2022** - the same date deadline will apply to e-mailed submissions. Please note, incomplete packets or information received after the deadline will not be considered. Any questions should be directed to the chapter by e-mail ([Academy@fcacdst.org](mailto:Academy@fcacdst.org)).

**MAIL TO:**

Fairfax County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Delta Academy  
P.O. Box 221224  
Chantilly, VA 20153-1224

**Dr. Betty Shabazz Delta Academy**  
**Applicant Profile**

(Please type or print legibly – complete **ALL** fields)

<b>APPLICANT DATA</b>			
Applicant Name (Last Name, First, Middle Initial)			Date of Birth
Applicant Address			Age
Phone Number (Home)	E-mail Address (if applicable):		
Referred By (if applicable):			

<b>SCHOOL ENROLLMENT DATA</b>	
School Name	Classification (Grade)
School Address	

<b>PARENT/LEGAL GUARDIAN DATA</b> (emergency contact data is located on the Parent Consent form)
Name(s)
E-mail Address (if applicable)

<b>COMMUNITY &amp; SCHOOL ACTIVITIES</b> (include community service organizations, school activities, roles and timeframes)

<b>ABOUT THE APPLICANT</b>
Favorite School Subject(s)

Extra-Curricular Activities (include community service, after school activities)
Your Talents / Special Skills (What you do best and/or most like to do)
What occupation would you like to pursue?
What other job fields are you interested in?
If you are selected to participate in Delta Academy, how do you plan to manage your responsibilities with academy and the other organizations you are involved in?

Please review all of the material to be submitted and sign below denoting the information contained herein in complete and has not been falsified.

Applicant's Signature \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Dr. Betty Shabazz Delta Academy**  
**Academic Teacher Recommendation Form**  
**(Required for NEW applicants only)**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the 2022-2023 Fairfax County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Delta Academy Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Program.

Applicant's Signature \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**To the teacher:** The above named student has applied for participation in the Dr. Betty Shabazz Delta Academy. Please return this form to the student in a sealed envelope so that it may be submitted with the application packet by **October 5, 2022**. This information will be kept strictly confidential.

**Teacher's Name** \_\_\_\_\_ **Subject:** \_\_\_\_\_

For each category, please check the description that best applies to the student you are recommending:

**BEHAVIOR**

- Consistently appropriate
- Usually well behaved
- Seldom appropriate
- Inappropriate

**INDUSTRY**

- Seeks additional work
- Prepares assigned work regularly
- Needs occasional prodding
- Needs constant pressure

**INITIATIVE**

- Actively creative
- Self-Reliant
- Seldom Initiates
- Merely Conforms

**INFLUENCE/LEADERSHIP**

- Judgment well respected
- Contributes with important affairs
- Cooperative with minor affairs
- Negative

**CONCERN FOR OTHERS**

- Deeply concerned
- Somewhat concerned
- Self-Centered
- Indifferent

**RESPONSIBILITY**

- Assumes responsibility well
- Usually dependable
- Somewhat dependable
- Unreliable

**INTEGRITY**

- Consistently trustworthy
- Generally Honest
- Questionable at times
- Not at all dependable

**EMOTIONAL STABILITY**

- Exceptionally stable
- Well-balanced
- Excitable or Unresponsive
- Hyperemotional or Apathetic

Please list this student's strengths \_\_\_\_\_

Please list this student's growth areas \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Dr. Betty Shabazz Delta Academy**  
**Parent/Guardian Consent Form**

I, \_\_\_\_\_ (Name of Parent/Guardian), give consent for \_\_\_\_\_ (Applicant's Name) to participate in all activities organized through the Fairfax County Alumnae Chapter (FCAC) of Delta Sigma Theta Sorority, Inc pertaining to the 2022-2023 FCAC Delta Academy.

I grant permission to make photographic records for promotional purposes without recourse or compensation. I understand and agree that such materials, including all negative, positive, digital images, and prints shall become and remain the sole property of the Dr. Betty Shabazz Academy and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the Dr. Betty Shabazz Academy for potential future use. I agree to release the Dr. Betty Shabazz Academy from any and all liability arising from or in connection with the taking, use publication, or dissemination of such materials. Copies of these photos may be distributed to the parents upon request. Please initial here: \_\_\_\_\_

This is also my permission for the leader in charge to make arrangements for qualified medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Parent/Guardian Emergency Information: \_\_\_\_\_

\_\_\_\_\_ **Home Phone**

\_\_\_\_\_ **Work/Cell Phone**

\_\_\_\_\_ **Alternate Phone**

I authorize \_\_\_\_\_ to be contacted in case of an emergency or if I cannot be reached.

Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Does your child have a medical condition that FCAC-DST Delta Academy should be aware of before allowing your child to participate in this program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the nature of the medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also understand that in order for FCAC-DST Delta Academy to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity (see Behavior Contract). Therefore, I understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2022-2023 Delta Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dr. Betty Shabazz Delta Academy Preference Worksheet

**Please check the workshops / activities you would be interested in attending and/participating in.**

- Book Club
- College Life
- Etiquette
- Health and Beauty
- Math and Science Exploration
- Money/Saving
- Nutrition & Exercise
- Public Speaking
- Self Esteem
- Study Habits & Homework Tips
- Technology
- Time Management/Organizing
- Tutoring
- Volunteering

**Which school subjects do you need help with most?**

**What type of workshop sessions or classes, do you think would be helpful to you?**

**Adult  
T-Shirt Size**