

**Bradenton Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**Dr. Betty Shabazz  
Delta Academy  
2021-2021 APPLICATION**

**DEADLINE: August 2, 2021**

\_\_\_\_\_ Retuning Delta Academy Member      \_\_\_\_\_ New Delta Academy Applicant

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mo/day/yr)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

**Special Interests and Skills:**

- |                                    |  |                                      |                                      |
|------------------------------------|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Writing   | <input type="checkbox"/> Reading       | <input type="checkbox"/> Math        | <input type="checkbox"/> Dance       |
| <input type="checkbox"/> Science   | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Music       | <input type="checkbox"/> Sports      |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Theater       | <input type="checkbox"/> Video Games | <input type="checkbox"/> Other _____ |

Please provide a letter of recommendation from a non-family member. Please provide the information of the individual providing your recommendation below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Will you have transportation to and from Delta Academy functions?  Yes  No

**PARENT OR GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Father's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

