

Bradenton Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

**Dr. Betty Shabazz
Delta Academy
2022-2023 APPLICATION**

**DEADLINE: August 30,2022
Bring to Orientation**

_____ Returning 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: _____

