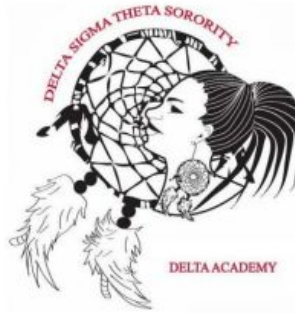


**Delta Sigma Theta Sorority, Inc. - Ann Arbor Alumnae Chapter
Delta Academy Program Application**



Please type or print clearly.

Name _____
LAST FIRST MIDDLE INITIAL

Address _____
STREET NUMBER CITY STATE ZIP CODE

Telephone _____ Age _____ Birth date _____
MONTH/DAY/YEAR

Parent/Guardian(s) Name _____
FIRST LAST

Parent's cell phone (_____) _____ Parent's email _____

School _____ Grade _____ T-shirt size (please circle) S M L XL XXL
NAME OF SCHOOL CITY

List any school related extracurricular activities you have or are currently participating in:

List any activities you participate in that are not school related (i.e. church, community based, etc.):

Please return this application and the attached consent form to:

**Delta Sigma Theta Sorority, Inc., Ann Arbor Alumnae Chapter
P.O. Box 3704
Ann Arbor, Michigan 48106**