

Delta Sigma Theta Sorority, Incorporated  
Prince William County Alumnae Chapter  
Dr. Betty Shabazz Delta Academy  
*"It takes a village to raise a child."*

**APPLICATION**

Student information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Favorite subjects in school: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

What do you want from Delta Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of Delta Sigma Theta Sorority, Inc.? \_\_\_\_\_

