DELTA SIGMA THETA SORORITY, INCORPORATED

AKRON ALUMNAE CHAPTER

DELTA ACADEMY APPLICATION

P.O. BOX 1252

AKRON, OHIO 44309-1252

The Dr. Betty Shabazz Delta Academy Akron Alumnae Chapter

The Dr. Betty Shabazz Delta Academy is designed to assist young women in the community, ages 11-14 (grades 6 - 8), in their discovery of themselves rather than leave so much to chance. Our mission is to challenge and motivate adolescent females to strive to achieve their academic, moral, and personal potential. The Academy covers three broad areas of study: sisterhood, scholarship, and service.

In the past, the Akron Alumnae Chapter has volunteered in the community with the Mychal Clayton Sickle Cell Awareness Walk, the Akron Canton Regional Food Bank, The Harvest Community Fest, Haven of Rest, and the Community Easter Egg Hunt.

Additionally, the Academy has a focus on encouraging participants in pursuing excellence in education and ultimately careers in Engineering, Math, Science, and Technology. The Akron Alumnae Chapter has a strong focus on basic STEM activities.

Dr. Jeanne L. Noble Delta GEMS Institute

GEMS is an acronym for *Growing and Empowering MyselfSuccessfully*. Since its inception in 2004, the Delta GEMS Institute was designed to provide a vehicle of change for young African-American women between the ages of 14 and 18 to enhance their abilities and increase their self-worth, in order to achieve academic and Black girl excellence.

Young American-American women in this demographic have made great strides in academic achievement, and even entrepreneurial excellence. In this current political climate, our girls are facing systemic issues and social microaggressions at alarming rates, particularly the notion that our girls are less innocent than their counterparts.

Chapters of Delta Sigma Theta Sorority, Incorporated are poised to provide safe and healthy environments where optimism, faith, fortitude, genius, self-worth and self-love, exist without boundaries. It is a must that we continue to elevate and motivate our young women into worlds well beyond what they could ever dream of.

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P.O. BOX 1252 AKRON, OHIO 44309-1252

July 1, 2025

Dear Parent or Guardian:

Please complete the attached application, along with a sealed letter of recommendation from your child's school principal or school counselor.

Applications, sealed letter of recommendation from your child's school principal or school counselor, and a copy of your most recent report card must be received no later than September 15, 2025 to:

Delta Sigma Theta Sorority, Inc. c/o Delta Academy/GEMS Application P.O Box 1252 Akron, Ohio 44309-1252

Thank you for your interest in the Dr. Betty Shabazz Delta Academy and Dr. Jeanne L. Noble Delta GEMS Institute sponsored by the Akron Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Sincerely,

Towanda & Mullins
Towanda L. Mullins
President, Akron Alumnae Chapter

De Shawn H. Partridge
De Shawn A. Partridge
Chair, Educational Development

DELTA SIGMA THETA SORORITY, INCORPORATED AKRON ALUMNAE CHAPTER

DELTA ACADEMY/GEMS APPLICATION P.O. BOX 1252 AKRON, OHIO 44309-1252

PERSONAL INFORMATION-Applicant (PLEASE TYPE OR PRINT) Program: Academy GEMS

NAME:		
Last	First	Middle Initial
ADDRESS:		
CITY/STATE/ZIP CODE		
TELEPHONE NUMBER: EMAIL A		
DATE OF BIRTH: AGE: _		
<u>EDUCATION</u>		
NAME OF CURRENT SCHOOL: HOMEROOM TE		
CURRENT GRADE: HOMEROOM TE	EACHER:	
EXTRA CURRICULAR ACTIVITIES/HOBBIES (Churc	ch, Sports, etc.):	
Who referred you (include name and phone no	umber)?	
Write briefly why you want to be in the program	<u>n.</u>	
PARENT/GUARDIAN INFORMATION		
NAME OF MOTHER/GUARDIAN:		
ADDRESS OF MOTHER/GUARDIAN:		
CITY/STATE/ZIP CODE:		
TELEPHONE NUMBER: E-MA	AIL ADDRESS	
NAME OF FATHER/GUARDIAN:		
ADDRESS OF FATHER/GUARDIAN:		
CITY/STATE/ZIP CODE:		
TELEPHONE NUMBER: E-I	MAIL ADDRESS:	
SPECIAL NOTE:		
1. YOU MUST ATTACH YOUR CHILD'S MOST RE	CENT REPORT CARD and	
2. A LETTER OF RECOMMENDATION FROM EITH	HER YOUR CHILD'S SCHOOL PRINCIPAL	. OR COUNSELOR.
Both must be included with application to be c	onsidered complete.	
CERTIFYING STUDENT SIGNATURE: I certify that this application has been fi understand that I am required to keep a grade pospecial activities such as field trips. I understand no prior convictions, truancy, drug/alcohol, viole	point average of at least 2.4 to remain in that Delta Academy/GEMS is NOT a p	n the program and to attend
SIGNATURE OF APPLICANT/STUDENT	DATE	
SIGNATURE OF PARENT/GUARDIAN	DATE Page 3 of 3	