

# Wilmington (DE) Alumnae Chapter Delta Sigma Theta Sorority, Inc. YOUTH PROGRAM APPLICATION

The information requested below is to be used by the Wilmington (DE) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to determine interest in the programs below. Please complete all fields. Parent/guardian will be contacted via email to complete the registration process.

Child Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Choose a program for the child named above:

- Dr. Betty Shabazz Delta Academy (DBSDA) for **Girls, Ages 11-14**  
Focus Areas - self-esteem, leadership, STEM
- Dr. Jeanne L. Noble GEMS (Growing and Empowering Myself Successfully) for **Girls, Ages 14-18**  
Focus Areas - service learning, college preparation
- Empowering Males to Build Opportunities for Developing Independence (EMBODI) for **Boys, Ages 11-14**  
Focus Areas - mentoring, leadership, STEM
- Jabberwock Scholarship Program for **Girls, Grades 11 and 12**  
Focus Areas – personal development, cultural enrichment, community service
- Young Entrepreneur Program (YEP) for **Boys and Girls, Grades 11 and 12**  
Focus Areas – entrepreneurship, business, professionalism

Please briefly state how your child would specifically benefit from the selected program.

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(Internal Use Only)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_