

Dr. Betty Shabazz Delta Academy Program
Delta Sigma Theta Sorority, Inc.
Tampa Alumnae Chapter

Delta Sigma Theta Sorority, Incorporated is a national public service sorority of college-educated women committed to improving communities and empowering families to live their best life. The Sorority's dedication to enhancing the life of others is realized through its five-point program initiatives: Educational Development; Economic Development; Physical and Mental Health; Political Awareness and Involvement; and International Awareness and Involvement.

The Dr. Betty Shabazz Delta Academy is a national program for middle school girls. It focuses on providing experiences and opportunities to enhance academic, social, and intellectual development, with specific emphasis on maximizing the potential to gain access to math, science, leadership, and technology experiences. The program also focuses on improving self-esteem, self-motivation, and developing life skills.

General Information

- A. The program is designed for middle school girls who have limited opportunities to achieve success and who are interested in math, science, technology, or careers that are considered non-traditional for women.
- B. Monthly meetings are held the first Saturday of each month to provide hands-on activities in math, science, and technology. Sessions on reading, self-esteem, health issues, off-site visits, and field trips are also included.
- C. Goals and Objectives:
 - Scholarship**-support and encourage young girls to reach their academic potential
 - Sisterhood**-teach cultural, social, spiritual, moral beliefs, and values and encourage sisterly and helpful attitudes toward the program and others
 - Service**--participate in organization and community service projects.
- D. Activities include but are not limited to the following:
Parent/Daughter Orientation, assessment in math and science, computer training; Science in Everyday Experiences (SEE), study techniques, seminars, field trips that include the college tour for members in 'good standing' as described in the **Code of Conduct**, Career Expo, overnight retreat, End of the Year Program, tutorial assistance, mandatory essay about Delta Academy experiences, and contests.
- E. Service Projects will include but are not limited to the following:
Metropolitan Ministries/Toys For Tots
- F. Membership Criteria:
 - Attend middle school or MUST be 11-14 years of age
 - Copy of last school year report card, FCAT scores
 - Completed and signed *Medical/Hold Harmless Statement*
 - Signed *Code of Conduct Acknowledgement Form*
 - Signed *Photography/Videotaping Release Form*
 - Signed *HIV/AIDS Education Permission Form*
 - Attend the mandatory parent/participant orientation

Code of Conduct

1. Membership in the Dr. Betty Shabazz Delta Academy requires a strong level of commitment and responsibility by parents and participants. All parents and participants must agree to be governed by the *Code of Conduct*, which addresses in detail: expectations, attendance, behavior, participation, dress and appearance, academic progress, disciplinary action, fees, fundraising, awards, and leadership roles.
2. The official name of the program is the Tampa Alumnae Chapter “Dr. Betty Shabazz Delta Academy.” This is a national initiative of Delta Sigma Theta Sorority, Incorporated, which is anchored in the basic tenet of Sisterhood, Scholarship, and Service. The theme is “Catching the Dreams of Tomorrow; Preparing Young Women for the 21st Century.”
3. The official observance day for the organization is the first Thursday in each month. Participants are requested to wear their Delta Academy t-shirt to school if doing so does not violate a school uniform policy.
4. The dress code is neat, clean, and casual clothing. Sleeveless tops, short skirts/shorts, belly shirts, and low riding pants are unacceptable.
5. Respect and courtesy must be rendered to all adults and peers at all times.
6. Participants must strive for academic progress while in the program. Participants must submit a copy of each report card at the first meeting following receipt of the report card.
7. Meetings and Attendance:
 - Participants are expected to arrive on time and attend meetings on a regular basis
 - Parents must notify the chair or co-chair of participant's absence no later than 30 minutes after meetings start
 - Participants must keep up with and bring Delta Academy tools supplied by the committee to every meeting
 - Parents are required to drop-off and pick-up participants in a timely manner
 - If parent/guardian is unable to pick up participant, a written statement, with parent/guardian's signature and contact number, must be provided to allow release to a designated person. The designated person must show proper identification.
8. Membership Status:
 - Active Members in Good Standing
 - No more than three absences to regular monthly meetings
 - Participated in at least one service project
 - Participated in at least one contest
 - Improved math and/or science grade if less than a ‘C’
 - Present and on time to meetings
 - Meets deadlines
 - Submitted the *mandatory* “My Delta Academy Experience” essay
 - Forfeiture of Membership
 - Failure to attend *mandatory* orientation without prior notice given
 - A total of four absences to regular monthly meetings
 - Persistent misconduct

9. The following conduct (including but not limited to) *will not* be tolerated and may be subject to disciplinary action:

Negative attitude; lack of cooperation; chewing gum while in session; talking back; horse playing; profanity; loud talking; rude, disruptive behavior; changing groups without permission; excessive talking; use of alcohol, tobacco, or drugs; possession of weapons; defacing property; cheating; lying; stealing; fighting; bullying; disrespect; and harassment.

10. Disciplinary Action for Misconduct:

- First Offense – parent/guardian contact
- Second Offense – behavior awareness conference
- Third Offense – written letter of apology and plan for correcting behavior
- Fourth Offense - unable to participate in the next off-site visit
- Subsequent Offense - face-to-face meeting with parent/guardian
- Persistent misconduct will result in suspension/expulsion from the program

11. Academic Action Plan is for participants who receive a grade lower than a ‘C’ in any academic subject:

Action 1 - Tutoring will be offered for participants until the next grading period.

Action 2 - If need remains, tutoring will be provided during the regular session.

Action 3 - If participant is not successful with Actions #1 and #2, participant will not be invited to participate in the next off-site visit.

12. Appeals for any actions taken by the committee will be handled through the executive committee (First VP, committee chair, and committee co-chair). Any committee member may submit recommendations. Parents/Guardians may request an executive decision for not meeting the prescribed rules in this “Code of Conduct”.

NOTE 1: Only participants in good standing are eligible to be recognized for an award at the End of the Year Ceremony.

NOTE 2: Circumstances above are subject to an administrative decision by the committee.

NOTE 3: Participants are reminded that they are representing the members of the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. Their actions and attitudes must reflect good character and honor.

13. Awards:

- Partnership Award - for organizations that contribute to the success of the program.
- Participant Award - A membership certificate and gift will be given to each participant in good standing.
- Best All Around - Recognition of one participant in good standing in each grade level. Points will be allocated as follows:

All report cards submitted	3 points
Raised math grade one letter and maintained	4 points
Raised math grade two letters and maintained	6 points
Maintained ‘A’ in math all year	10 points
Raised science grade one letter and maintained	4 points
Raised science grade two letters and maintained	6 points
Maintained ‘A’ in science all year	10 points
Curriculum winners	3 points

Three service projects	6 points
Two service projects	4 points
One service project	2 points
"My Delta Academy Experience" essay	8 points
Two contests	4 points
One contest	3 points

- Turn-around Award - Recognize one participant in each grade level
- Scholarship Award – overall most improved in science and math
- Sisterhood Award - overall most sisterly, positive, and helpful
- Service Award - participation and involvement in all community involved projects
- Point System Attendance

All Delta Academy functions	25 points
All regular monthly meetings	10 points
One excused absence to regular monthly meetings	4 points
Two excused absences to regular monthly meetings	2 points

Dr. Betty Shabazz Delta Academy
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2009-2010 Application

Participant Personal Information

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Email _____

School _____ Grade _____

Favorite school subject(s) _____

Worse school subject(s) _____

After School/Community/Religious Involvement _____

I would like to pursue a career in _____

Hobbies/Interest _____

Medical Conditions/Allergies (food & drug) _____

T-shirt size (Adult sizes): ___XS ___S ___M ___LG ___XLG ___2XL

Parent/Guardian Information

Mother Name _____ Work # _____ Cell # _____ Email _____	Father Name _____ Work # _____ Cell # _____ Email _____
Guardian Name _____ Work # _____ Cell # _____ Email _____	Emergency Contact _____ Relationship _____ Home # _____ Work # _____ Cell # _____

I grant permission for my child to participate in the Dr. Betty Shabazz Delta Academy program of the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date

Completed application packet along with a copy of the last report card must be postmarked by **October 3rd 2009**. Mail to:

Dr. Betty Shabazz Delta Academy
Attn: Memorie Anne Brown/Tiffany Conyers
Post Office Box 360091
Tampa, FL 33673
Mem_brown@yahoo.com
Or
Tiffconyers@yahoo.com

Application packet is also available on our website at: www.dstta.org

Dr. Betty Shabazz Delta Academy

**Sponsored by
Delta Sigma Theta Sorority, Incorporated
Tampa Alumnae Chapter**

Medical/Hold Harmless Statement

I hereby authorize the Delta Academy representative of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter, entrusted with the care of my child, to seek and facilitate any medical care and treatment that may become necessary while in the care of the designated representative. I further authorize the provision of any necessary emergency medical treatment by qualified health care providers and health care facilities.

I hereby authorize the use of the following insurance information in order to facilitate emergency medical treatment for my child while she is in the care of the Delta Academy representative of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter.

Printed Name of Delta Academy Participant

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship

Physician Name _____ Phone # _____

Dentist Name _____ Phone # _____

Preferred Hospital _____

Insurance Company _____ Phone # _____

Policy Owner _____ Policy # _____

By signing this form, I hereby hold harmless and release the organization and members of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter along with volunteers of Delta Academy from any and all responsibility for injuries suffered by my child while participating in the Delta Academy program and from any expenses related to the treatment received by a medical provider, including transportation to any medical facility.

Printed Full Name of Delta Academy Participant

Printed Name of Parent/Guardian

Relationship to Participant

Signature of Parent/Guardian

Date

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Code of Conduct Acknowledgement Form

I, _____, and I, _____,
(Printed Name of Parent/Guardian) (Printed Name of Delta Academy Participant)

have read and understand the "Code of Conduct" for Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter of Delta Academy and agree to abide by the terms therein.

Parent/Guardian Signature Date

Delta Academy Participant Signature Date

Photo/Video Release Form

I, _____, grant permission for my child,
(Printed Name of Parent/Guardian)
_____, to be photographed/videotaped for submission
(Printed Name of Delta Academy Participant)

and publication in magazines, newspapers, newsletters, or on the web and television as it relates to Dr. Betty Shabazz Delta Academy.

Parent/Guardian Signature Date

HIV/AIDS Permission Form

I _____, grant permission for my child,
(Printed Name of Parent/Guardian)
_____, to participate in HIV/AIDS discussion as it
(Printed Name of Delta Academy Participant)

relates to the "Sisterhood" component of Delta Academy.

Parent/Guardian Signature Date

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Contract

1. I will show respect to everyone.
2. I will not tease, bully, or laugh at anyone and persuade others not to do so.
3. I will respect everyone's privacy and not pry into anyone's business.
4. I will not be afraid to ask questions or for help.
5. I will maintain confidentiality. What happens and what is said within the group will stay within the group.
6. I will be open and honest. I will not falsely accuse anyone or lie about anything.
7. I will remember no one is perfect and everyone makes mistakes from time to time.
8. I will show up on time and ready to work at group meetings and activities.
9. I will have an open mind and positive attitude. I will encourage others to do the same.
10. I will attend meetings prepared and complete all homework assignments.
11. I will listen to others without judging them. I will remember everyone is entitled to his or her opinion.
12. I will be a friend to those who appear to have no friends and never leave anyone out of the group.
13. I will be quick to apologize and slow to take offense or become angry.
14. I will be encouraging to others. If I can't say anything positive I will exercise my right to be quiet.
15. I will be the best me I can be and remember that I am an original. I will not be a copy of someone else.
16. I will learn all I can from those older than myself and teach all I know to those younger than myself.
17. I will follow directions the first time I am instructed.

Delta Academy Participant Signature

Date

Printed Name of Delta Academy Participant