

DELTA ACADEMY



APPLICATIONS ARE OPEN FOR THE DELTA ACADEMY!

Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century

The Dr. Betty Shabazz Delta Academy was created in 1996 out of an urgent sense that bold action was needed to save our young females from the perils of academic failure, low self-esteem, and crippled futures. The Delta Academy is designed to foster social and emotional development, leadership, and community action among middle school girls.

Delta Academy provides an opportunity for local chapters to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning defined as the cultivation and maintenance of relationships. The primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

Delta Academy is sponsored by Delta Sigma Theta Sorority, Incorporated, a private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The organization is a sisterhood of predominantly Black, college educated women.

The local program is led by the Winston-Salem Alumnae Chapter and is open to all girls in ages 11-14/grades 6-8 who attend school in the Winston-Salem/Forsyth County School System.

Please use the form below to complete the application and email it to us at education@wsalumnaedst.org. You may also apply online at www.salumnaedst.org. Applications are due by 5:00 pm on Sunday, August 31, 2025.

If you have questions, please contact us at education@wsalumnaedst.org.



**Winston-Salem Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Educational Development Committee**

Delta Academy 2025-2026 Application

Participant Information **Please print clearly*

Name: Chloe Jordan

Date of Birth 08/30/2012

Address: 3616 Winding Creek Way

City: Winston-Salem State: Nc Zip: 27106

Email Address: chloedenise0830@gmail.com

Grade: 8

Attending school: Thomas Jefferson Middle School

Parent Information **Please print clearly*

Parent or Legal Guardian: Lakisha Jordan

Relationship to Participant: mother

Street Address: 3616 Winding Creek Way

City: Winston-Salem

State: NC

Zip: 27106

Home Phone :

Cell Phone: 810-955-2029

Alternate Phone: 336-624-6143

Email Address: lakisha.jordan@aol.com

Emergency Contact Information

**We will contact this person in case of an emergency if parents cannot be reached.*

Name: George Grundy Sr.

Relationship: Grandfather

Cell: 810-308-0137

Name: Tiachi Jordan

Relationship to Participant: father

Home Phone

Cell: f- 336-624-1186

Please explain any medical condition the applicant has that we need to be aware of.

1. None
- 2.

Please complete this section with the participant or allow them to complete it.

1. What is your favorite subject? Social Studies
2. What are your extracurricular activities or hobbies? I started my own Photography business (CDJ SIGNATURE LENSES), Jazz and Pep Band-trumpet, Girl Scouts, volunteer at the library, and a member Lead Girls of NC.
3. What are your talents (what you do best and/or most like to do)? Photography and Volleyball
4. What career would you like to pursue? Dermatologist

5. What type of workshop sessions or classes do you think would be helpful to you? Math, Leadership, I am very uncomfortable with Public Speaking and need to gain confidence.

6. What leadership skills do you possess? (e.g. good communicator, well organized, etc.) willing to learn new things and problem solving.

Short Response: Based on the purpose and goals of Delta Academy, write a short statement explaining why you would like to participate in the program.

I would love to be selected for the Delta Academy because it feels like an amazing opportunity to learn and grow. I'm excited about gaining new academic tools and tips that will help me become the best student I can be. I also think it will give me the chance to build meaningful friendships and develop in important areas like personal growth, confidence, and self-esteem.

For Parent or Guardian: By signing yes below, I hereby verify that the above information is accurate. My signature grants permission for my child to participate in the Delta Academy monthly meeting and activities therein. I will facilitate and support my child's timely attendance and participation. I agree not to hold the Winston-Salem Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and its members responsible and/or liable for injuries or illnesses that my child may sustain while in attendance at the sessions of the Delta Academy. I also agree not to hold the above named organizations or its members or appointees individually liable for the loss or destruction of my child's property.

Lakisha D Jordan 8/6/2025
Parent or Guardian Signature