

# Delta Academy

*Sponsored by Stone Mountain-Lithonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.*

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_

Current School \_\_\_\_\_ Grade Level \_\_\_\_\_ Current GPA \_\_\_\_\_

Student status (First time with Delta Academy) \_\_\_\_\_ Returning student \_\_\_\_\_

Dekalb Student \_\_\_\_\_ or Conyers Student \_\_\_\_\_

Why do you want to be involved with Delta Academy? What do you hope to gain or learn by participating in this program?

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What do you think are some benefits to being in an all girls program?

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Honors/Awards/Achievements:

Please list extra-curricular activities in which you participate

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Is there anything that you consider special or unique about yourself that you would like to share? Please explain.

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On a scale of 1 to 10 (10 being the highest) rate your math, science and technology interests.

Math Interests            1   2   3   4   5   6   7   8   9   10

Science Interests        1   2   3   4   5   6   7   8   9   10

Technology Interests    1   2   3   4   5   6   7   8   9   10

I hereby state that the information on this application is true and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return the application and parental consent form to:

**Stone Mountain-Lithonia Alumnae Chapter**

**Attn: Delta Academy**

**P. O. Box 1184**

**Stone Mountain, Georgia 30086-1184**

***Postmark Deadline August 24, 2009!***