

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 _____

(Check one) **Conyers Student** _____ **Dekalb Student** _____ **Monroe Student** _____

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

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

Honors/Awards/Achievements:

Please list extra-curricular activities in which you participate

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

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 27, 2010!