



Application Package
2012-2013

Brazos Valley Area Alumnae Chapter

Delta Sigma Theta Sorority, Incorporated

Delta Sigma Theta Sorority, Inc. was founded in 1913 on the campus of Howard University to promote academic excellence; to provide scholarships; to provide support to the underserved; to educate and stimulate participation in the establishment of positive public policy; and to highlight issues and provide solutions for problems in communities. Today, Delta Sigma Theta Sorority has more than 900 chapters worldwide and has initiated over 250,000 members. The Sorority uses its Five-Point Programmatic Thrust of economic development, educational development, international awareness and involvement, physical and mental health, and political awareness and involvement to create its national programs.

Please forward all questions to:

Irma Cauley, EMBODI Committee Chair
979:361 - 4111 Office
979:218 - 3123 Cell

Kristiana E.B. Hamilton, President
Brazos Valley Area Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



APPLICATION PACKAGE
2012-2013 Program Year

DELTA SIGMA THETA SORORITY, INCORPORATED

Brazos Valley Area Alumnae Chapter

EMPOWERING MALES TO BUILD OPPORTUNITIES FOR DEVELOPING INDEPENDENCE (EMBODI)

"Bridging Opportunities for Male Empowerment"

STUDENT APPLICATION FORM

September 2012 – May 2013

*****DEADLINE: September 2, 2012*****

Date: _____

Student Name: _____

Name of Parent/Primary Guardian: _____

DOB: _____ Age: _____ Current Grade: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

School Name: *(Please give FULL name of School)*

School Address: Street, City, State: _____

Favorite School Subjects:

Extra-Curricular Activities you are involved in:

Hobbies:

Your Talents (*What you do best, What do you like to do most?*):

What do you want to gain from participating in the EMBODI Program?

What new subject would you like to learn about?

Student Signature

Date

**Please return the application and parental consent form to:
Brazos Valley Area Alumnae Chapter
Attn: EMBODI Committee Chair, Irma Cauley
P. O. Box 2222
Bryan, Texas 77806-2222**

*****DEADLINE: September 2, 2012*****



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Brazos Valley Area Alumnae Chapter
EMPOWERING MALES TO BUILD OPPORTUNITIES FOR DEVELOPING
INDEPENDENCE (EMBODI)

"Bridging Opportunities for Male Empowerment"

PARENTAL CONSENT FORMS

September 2012 – May 2013



Parent(s)/Guardian Name (Please print): _____

Student Name: _____

Relationship: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address (*home or work*): _____

How did you learn about the EMBODI Program?

Please list any illnesses, allergies, medications or physical limitations that the EMBODI committee members should be aware of:

PARENTAL CONSENT (Must be Read and Signed by Parent(s) /Guardians)

By my signature below, I hereby verify that the above information is accurate. My signature grants permission for my child to participate in the Empowering Males to Build Opportunities for Developing Independence (EMBODI) Program, field trips, and activities therein. In giving my permission to participate, I understand that he will take part in scheduled meetings, workshops, cultural, educational and recreational programs. I agree to provide transportation for my child to all scheduled meetings and activities. I also agree to facilitate and support my child's timely attendance and participation.

****Missing 2 or more consecutive meetings will forfeit your son's participation in the EMBODI Program****

I agree not to hold the Brazos Valley Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or the EMBODI Program and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the EMBODI Program. 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.

Parent (s) / Guardian Signature

Parent (s) / Guardian Signature

Date

**Please return the application and parental consent form to:
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P. O. Box 2222
Bryan, Texas 77806-2222**

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CONSENT TO PHOTOGRAPH



I, _____ (Parent(s)/Guardians), give permission

for my son, _____ (Child's Name), _____ years of age, to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the EMBODI Program may utilize and produce.

I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the EMBODI Program and I shall have no right or title to such items.

I further understand and agree that these materials may be kept on file and used by the EMBODI Program for potential future use. I agree to release the EMBODI Program from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent /Guardian Signature: _____

Date: _____

Parent /Guardian Signature: _____

Date: _____

Please return the application and parental consent form to:
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Bryan, Texas 77806-2222

*****DEADLINE: September 2, 2012*****

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Attn: EMBODI Committee Chair, Irma Cauley
P. O. Box 2222
Bryan, Texas 77806-2222

*****DEADLINE: September 2, 2012*****

We the members of the Brazos Valley Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are excited you are interested in joining the program!
We hope to meet you soon.

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979 361 – 4111 Office
979 218 – 3123 Cell



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