

Delta Sigma Theta Sorority, Incorporated
Prince William County Alumnae Chapter
Dr. Betty Shabazz Delta Academy
"It takes a village to raise a child."

APPLICATION

Student information

Name: _____ Birthdate: _____

School: _____ Grade: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____ Email: _____

Favorite subjects in school: _____

Hobbies: _____

Extracurricular activities: _____

What do you want from Delta Academy? _____

Parent information

Name: _____

Phone number: _____ Email: _____

Are you a member of Delta Sigma Theta Sorority, Inc.? _____