



Delta Scholars Application 2018-2019

The Delta Scholars was founded in 2008 as an organization that would recognize and encourage academic achievement while developing characteristics essential to leadership. The ideals of scholarship, character, class, culture, service, and leadership remain relevant today. Through service activities, members maintain and extend the qualities upon which the organization was founded. Membership is thus both an honor and a commitment.

Once accepted into the Delta Scholars, students must meet these requirements:

1. All students must maintain a minimum 3.00 (unweighted) GPA checked by the advisor.
2. Members are required to participate in 2 Delta Scholars sponsored events each quarter totaling approximately 6 hours.
3. Attendance at the general membership meetings is mandatory and must be verified by the group leader. Meeting dates will be available. Students must check this schedule and plan accordingly so that they do not have other commitments that conflict with the meeting. If the student cannot attend a meeting, an absence form must be submitted and approved at least 24 hours prior to the meeting by the advisor in order to be considered excused. Additional service hours will be assigned to make up for the missed meeting. If two meetings are missed or no form is submitted prior to the absence, the advisor may deem these grounds for dismissal.
4. The student must maintain a clean disciplinary record and abide by all "Requirements for Membership in Good Standing" which will be distributed and must be signed by both student and parent.
5. Membership in the Delta Scholars is both an honor and a responsibility. It is a commitment of your time and energy. Meetings, participation in service activities and activities of the school are expected. In addition, students selected for membership are expected to continue to demonstrate the qualities of scholarship, character, leadership, and service and will be regularly assessed by the advisor.

The selection procedure as determined by the advisor(s) and liaison in accordance with the standards set forth by Delta Sigma Theta Delta Scholars Committee is as follows:

1. Academic records are reviewed to determine academic eligibility. A cumulative GPA of 3.00 (unweighted) is required at the end of freshman and sophomore year.
2. A completed application with all required signatures must be returned to the collection box in B101 or the media center by _____
3. **Three** faculty members are invited to make comments on prospective members.
4. Students must be involved with both school and community activities as well as service during high school. These activities must be ongoing throughout the year and show diversity in types of activities.

Application instructions

All applications must be typed; handwritten applications will not be accepted. Please answer all questions to the best of your ability.

Volunteer Instructions

- Only include activities that you have been involved with for more than a year. Do not list activities that you did only once or occasionally. These should be activities that you have been involved in while in high school.
- Do not list classes such as journalism, drama, or band. Unless you go above and beyond class requirements or hold a leadership position in a class.
- For each activity indicate how frequently you participated to this activity/organization (twice a week, weekly, bi-weekly, and monthly).

Disciplinary Referral

If you answer yes, on separate sheet of paper, explain to the faculty council the circumstances that led to your suspension or disciplinary action and the extenuating circumstances that make you feel that you should still be considered for membership in Delta Scholars.

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:

ACADEMIC INFORMATION

Have you ever been suspended from school or had a disciplinary referral?		
If yes, when?		How many times?
Quarter/Semester GPA:	Cumulative GPA:	Grade Level:

VOLUNTER/COMMUNITY ACTIVITES

Organization/Club:	Start Date (mm/yy):	End Date (mm/yy):
Are you in leadership position? If yes, title?		How often do you meet?
Organization/Club:	Start Date (mm/yy):	End Date (mm/yy):
Are you in leadership position? If yes, title?		How often do you meet?
Organization/Club:	Start Date (mm/yy):	End Date (mm/yy):
Are you in leadership position? If yes, title?		How often do you meet?

EMERGENCY CONTACT

Name:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:

Leadership Essay

Describe how you can contribute to the organization and what you have learned from your participation in community service activities. Please provide at least one example of a leadership position you have held in the past or in one of your other activities. If you have not held a leadership position then please describe a time when you assumed a leadership role in an event or school activity. **You must have your coach, sponsor, or teacher sign indicating they have read and approved it.**

** This leadership essay is a critical component of the application. Please make sure to spend time on it and discuss how your particular experience influenced you and your understanding of leadership.*

SIGNATURES

Signature of Academic Advisor:	Date
Signature of Coach (<i>If applicable</i>):	Date
Signature of Parent/Guardian:	Date
I have read, understand, and am willing to fulfill the responsibilities expected of a Delta Scholar according to the By-Laws. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholar, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Signature of Applicant:	Date:

**Signatures from advisors/coaches are required to validate you leadership essay. No application will be considered without them.*

DELTA SCHOLARS

CULTURE • CLASS • CONFIDENCE

DELTA
SCHOLARS



Teacher Recommendation Form for the Delta Scholars Program

Student (Please Print): _____

Teacher (Please Print): _____

School year in which you taught this student: _____
2015-2016 2016-2017 2017-2018 2018-2019

The young ladies who have been invited to apply to the Delta Scholars program have been identified based upon many criteria including, but not limited to, their academic performance and grade level classification. Please take a moment to rank them on a 1-5 scale according to your experience as their instructor. (Scale: 5 = Outstanding, 1 = Poor)

Interpersonal Skills:	5	4	3	2	1
Dependability:	5	4	3	2	1
Respectfulness:	5	4	3	2	1
Integrity:	5	4	3	2	1
Conduct:	5	4	3	2	1

Additional Comments: _____

Teacher Signature: _____ Date: _____

Teachers, please return this completed form to _____ mailbox _____.

Thank you for your attention! We appreciate your input.

CONFIDENTIALITY POLICY

It is the policy of the Columbia (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated ("Delta") to protect the confidentiality of its youth participants and their families. Except as provided below, the Columbia (MD) Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a "need to know basis."

To carry out the mission of its Delta Scholars program and to better serve the needs of the youth participants, the Columbia (MD) Alumnae Chapter must collect certain personal information about youth participants and their families, including but not limited to, the following "Confidential Information":

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (i.e., disfigurement or physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant's files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President's directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta's legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of the Columbia (MD) Alumnae Chapter and volunteers who observe or suspect child abuse are "mandatory reporters" and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose "Confidential Information."

Safekeeping of Confidential Records: The President of the Columbia (MD) Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability: There shall be no liability to Delta, the Columbia (MD) Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for the Columbia (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media, still photographs or moving images, including if applicable, any sound recordings accompanying the images (“Images”) taken of my child at the Delta Scholars program during the _____ program year (date of the event), without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the Delta Scholars program or for any other lawful purpose. In addition, I/we waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I/we waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I/We hereby certify that I/we are the parents/guardians of _____, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Columbia (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the Delta Scholars program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively "Releasees"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in the Delta Scholars program.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

Parent/Guardian Signature: _____

Date: _____

Columbia (MD) Alumnae Chapter ♦ Delta Sigma Theta Sorority, Inc.

FIELD TRIP PERMISSION FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my/our Child to participate in the _____ Youth Initiatives Program’s (the “Initiatives”) activities taking place off site. I/We understand that transportation to and from these Initiatives activities will be provided for my/our Child by the Columbia (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents, or employees.

I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents, and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our Child or damage to my/our Child’s property arising from my/our Child’s participation in field trips; other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, or agents.

I have read and understand the above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____