



**Delta Sigma Theta Sorority, Inc.**  
**Fort Washington Alumnae Chapter**  
*A Service Sorority*  
*For Women About Commitment*

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September 7, 2009

**Rhonda P. Carter**  
President

**Dawnielle L. Battle**  
First Vice President

**Opal Snelling Moore**  
Second Vice President

**Denise Moore**  
Recording Secretary

**Carla Hayes**  
Asst. Recording Secretary

**Jomau Douglas**  
Corresponding Secretary

**Katrina R. King**  
Treasurer

**Elizabeth M. Bell**  
Financial Secretary

**Tasha Longus**  
Sergeant-at-Arms

**Darnessia Harvey**  
Chaplain

**Alycia Dougans Taylor**  
Custodian of Properties

**Tracey Fennell**, Chair  
Nominating Committee

**Michelle Dacanay**  
Historian

**Joanne Kerr**  
Parliamentarian

**Caprina A. Harris**  
Journalist

**A. Vanessa Caldwell**  
Immediate Past President

Dear Potential Participant,

The Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. invites you to join our 2009-2010 Dr. Betty Shabazz Delta Academy.

The Principles of the Academy are Scholarship, Service Learning and Sisterhood. As a member of the Academy, you would be required to attend approximately six (6) monthly meetings emphasizing these Principles.

In the past, Academy members have been featured on local television, created a website, attended museums and exhibits, received career guidance and much more! We are excited about this year's Academy, as we have planned a wonderful experience for the young ladies who participate.

The Parent and Student Orientation will take place October 3, 2009 from 10:30am to 12:30pm at the Stephen Decatur Community Center, located at 8200 Pinewood Drive, Clinton, Maryland 20735. Please bring the completed Parental Consent Form and Student Data Sheet to the Orientation. Further information will be discussed at this meeting.

If you are interested in participating in the Academy, please **RSVP by September 30, 2009** to Terri Taylor at (301) 552-3552 or [taylorterri@hotmail.com](mailto:taylorterri@hotmail.com). **Academy space is limited and reservation for Orientation is required.** Should you have any questions, please feel free to contact Terri.

We look forward to seeing you!

Sincerely,

Rhonda P. Carter  
President

Enclosures:

1. Parental Consent Form
2. Student Data Sheet

**Delta Sigma Theta Sorority, Inc.  
Fort Washington Alumnae Chapter**

**DR. BETTY SHABAZZ DELTA ACADEMY PARENTAL CONSENT FORM**

I hereby give \_\_\_\_\_ permission to become a member of the 2009-2010 Dr. Betty Shabazz Delta Academy program sponsored by the Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

In giving my permission to participate, I understand that she 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. If necessary, I agree to allow the above named child to be transported with and by any member of the Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand and agree that by signing this consent form, my agent(s) nor I will not hold the Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc., or those acting on its behalf, liable in the event of harm, injury or death of the participating child whose name appears above.

\_\_\_\_\_  
Parent/Guardian Signature and Date

**Photo Release (Optional)**

I hereby grant Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. the right to photograph my dependent during Delta Academy Activities and to use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for the following Fort Washington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. publication processes:

- Promotional Publications/Videos
- Promotional Electronics Publishing (e.g. World Wide Web)
- Promotion/Advertising
- Local/regional/national news media

\_\_\_\_\_  
Parent/Guardian Signature and Date

**Contact Information (Please Print):**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Delta Sigma Theta Sorority, Inc.  
Fort Washington Alumnae Chapter

**DR. BETTY SHABAZZ DELTA ACADEMY  
STUDENT DATA SHEET**

(Please Print)

**Name:** \_\_\_\_\_  
*Last First Middle Initial*

**Address:** \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Code*

**Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Educational Strengths:** \_\_\_\_\_

\_\_\_\_\_  
**Educational Challenges:** \_\_\_\_\_

\_\_\_\_\_  
**Talent/Skills/Hobbies:** \_\_\_\_\_

\_\_\_\_\_  
**Community Service Activities:** \_\_\_\_\_

\_\_\_\_\_  
**Tell us something interesting about yourself:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_