

EMBODI Application Form

DELTA SIGMA THETA SORORITY, INC.
GREATER CLEVELAND ALUMNAE CHAPTER
EMBODI (EMPOWERING MALES TO BUILD OPPORTUNITIES FOR
DEVELOPING INDEPENDENCE)
2023-24 Program Year



Please type or print neatly.

SECTION A — Contact Information

Name: _____
Last First Middle

Street Address: _____

City: _____

Phone Number: _____ Home
_____ Cell

Email: _____

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

Date of Birth: _____ Age: _____

SECTION B — Academic and Extra Curricular Activities (now or in the future)

School: _____ Grade: _____

Overall Grade Point Average: _____

Jr. High/ High School Activities

Activity	Position	Years Involved

Jr. and High School Awards and Honors

(Please include perfect attendance. honor roll. etc.)

Award	Grade or Year Awarded

*******Student Section Only*******

SECTION C- Student Reflection

Please rate yourself according to how you see yourself.

(1 -Needs Improvement 3-Average 5-Excels in this area)

Attributes	1	2	3	4	5
Positive attitude					
Goal oriented					
Hard worker					
Communication skills					
Good decision making					
Respect towards peers and adults					
Works well with others					
Trustworthy					
Open to new ideas					
Helping others in need					
Honest					

Additional Comments:

SECTION D — Please respond to each question in paragraph form

1.) Describe yourself using 25 words or less.

2.) What are your interests and hobbies?

3.) What are you looking to learn while in the EMBODI program?

SECTION E- Delta Sigma Theta Sorority Inc., Youth Participant Policy

A youth participant's conduct shall be governed by the rules and expectations (Risk Management Policies) determined by Delta Sigma Theta Sorority, Inc.

SECTION F- Student Signature

I have read all the information about the EMBODI Program, which is an affiliate of Delta Sigma Theta Sorority Inc. All or the information that I have provided is true and accurate to the best of my ability.

Applicant Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent(s) Signature: _____