To: Teen Lift Applicant

From: Teen Lift Committee

Subject: 2018 - 2019 Teen Lift Program

# Date: January 29, 2018

In order to participate in the 2018 – 2019 Teen Lift Program of the Delta Sigma Theta Sorority, Inc., Greater Cleveland Alumnae Chapter, you are **required** to meet the following criteria:

* Be a high school junior in good standing. Enrollment in high school must continue throughout the program.
* Have a minimum **cumulative** grade point average of 2.5
* Submit the Teen Lift G.P.A. verification letter **with an unofficial transcript**
* Submit the Teen Lift application (please respond on a **separate** sheet of paper using a computer processing program utilizing Times New Roman font 12 point)
* Submit **two** letters of recommendation.

1. One from your teacher, administrator or counselor AND
2. One from a community leader, minister, employer or a member of Delta Sigma Theta Sorority, Inc.

* Submit a signed copy of the criteria sheet enclosed in this packet. The criteria sheet **MUST** be signed by the Teen Lift Applicant **AND** the parent and/or guardian.
* Submit all the above forms (GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the complete Teen Lift Application) in **ONE** envelope.

Please note:

* **There will be an Information Session where important information about the program will be provided. It will be held on Sunday, March 18, 2018 from 2 – 4 pm at 11955 Shaker Blvd, Cleveland, OH 44120.**
* All applications will be reviewed for completeness and quality of answers.
* Completion of the application does not guarantee acceptance in the Teen Lift Program.
* The Teen Lift Committee reserves the right to select applicants.

**THE COMPLETED APPLICATION PACKET MUST BE RETURNED AND POSTMARKED BY April 29, 2018 TO:**

# TEEN LIFT

DELTA SIGMA THETA SORORITY, INC.

GREATER CLEVELAND ALUMNAE CHAPTER

P.O. Box 221368

Beachwood, Ohio 44122

Application packets postmarked **after April 29, 2018** and/or are incomplete packets WILL **NOT** BE CONSIDERED!

If you have any questions, please send an email to: [teen.lift@dstcleveland.org](mailto:teen.lift@dstcleveland.org)

**IF YOUR APPLICATION IS ACCEPTED:**

**You and your parent/guardian will complete the initial interview and submit a $450.00 participation fee at the Program Orientation Session on Sunday, May 20, 2018 from 2 – 4 pm. More information will be provided.**

**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**APPLICATION FOR TEEN LIFT PROGRAM**

Please complete the following information on a **SEPARATE** sheet of paper using a computer processing program utilizing Times New Roman font 12 point.

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_   
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your mother a member of Delta Sigma Theta Sorority, Inc? \_\_\_\_ yes \_\_\_\_ no (\*Delta Mothers must be a financial member of the Sorority or a chapter for the year the debutante is presented)

Are you currently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are your hours flexible?\_\_\_\_\_\_\_\_\_\_\_

If yes, where and what are your hours?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*All responses **MUST** be submitted on a separate sheet of paper and in paragraph form.

1. Why do you want to participate in the Teen Lift Program?

2. What are your expectations as a result of your participation in the Teen Lift Program?

3. Describe yourself using 25 words or less.

4. What are your interests or hobbies?

5. What extracurricular activities are you involved in (i.e. church, school, community)?

6. Have you held any leadership positions?

If yes, please specify the organization (s), your position and your specific duties.

7. Sign and date your response in **cursive writing** using blue or black ink.

8. If you agree to the following Participation Pledge, please sign and date below in **cursive writing** using blue or black ink, the statement below:

***If selected as a Teen Lift Program participant, I will make every effort to attend and actively participate in all workshops and other activities planned by the Teen Lift Program Committee.***

Applicants for the Teen Lift Program must return the GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – April 29, 2018. Application packets postmarked after April 29, 2018 and/or are incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: [teen.lift@dstcleveland.org](mailto:teen.lift@dstcleveland.org)

**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**TEEN LIFT PROGRAM**

**RECOMMENDATION FROM AN ADMINISTRATOR, TEACHER,**

**OR COUNSELOR**

Please include the following information in your recommendation letter

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information about Recommender***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

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

Work Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how you know the applicant and discuss her strengths and attributes.

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

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

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

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

**RECOMMENDATION LETTER MUST BE GIVEN TO THE APPLICANT IN A SEALED ENVELOPE.**

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**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**TEEN LIFT PROGRAM**

**RECOMMENDATION FROM A COMMUNITY LEADER, MINISTER, EMPLOYER, OR A MEMBER OF DELTA SIGMA THETA SORORITY**

Please include the following information in your recommendation letter

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information about Recommender***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

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

Work Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how you know the applicant and discuss her strengths and attributes.

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

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

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

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

\*Delta Member must be a financial member of the Sorority or a chapter.

**RECOMMENDATION LETTER MUST BE GIVEN TO THE APPLICANT IN A SEALED ENVELOPE.**

Applicants for the Teen Lift Program must return the GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – April 29, 2018. Application packets postmarked after April 29, 2018 and/or are incomplete packets will not be considered.

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**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**TEEN LIFT PROGRAM**

**Verification of G.P.A. Letter**

**The applicant MUST have a minimum cumulative grade point average of 2.5**

**(GPA should be based on 9th grade through the first semester of 11th grade)**

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS SECTION IS TO BE COMPLETED

BY A SCHOOL COUNSELOR OR ADMINISTRATOR

I certify that the above named student is in good standing with the school and has the required **cumulative** GPA of **2.5.** Please **do not** return if the student’s cumulative GPA is below a 2.5. **An unofficial transcript MUST BE ATTACHED.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a **cumulative** grade point average of \_\_\_\_\_\_\_\_\_\_\_.

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

Date Counselor’s/Administrator’s Signature

**\*\*G.P.A. VERIFICATION FORM AND AN UNOFFICIAL TRANSCRIPT MUST BE GIVEN TO THE APPLICANT TO BE ENCLOSED IN THEIR TEEN LIFT APPLICATION PACKET.**

Applicants for the Teen Lift Program must return the Verification of G.P. A. Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – April 29, 2018. Application packets postmarked after April 29, 2018 and/or are incomplete packets will not be considered.

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**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**TEEN LIFT PROGRAM**

**CRITERIA SHEET**

In order to be eligible to participate in the Delta Sigma Theta Sorority, Inc. Teen Lift Program, all young ladies MUST:

* Be unmarried during participation in the Teen Lift Program
* Be a non-parent
* Be in a non-expecting status during the Teen Lift Program
* Complete the initial interview with parent/guardian and submit a $450.00 participation fee by **May 20, 2018**
* Attend and actively participate in all workshops and other activities planned by the Teen Lift Program Committee
* Attend all scheduled rehearsals
* Be enrolled as a junior in good standing at an accredited high school at the time of application and remain enrolled at an accredited high school as a senior in good standing throughout the program year.
* Maintain a 2.5 or better cumulative G.P.A.
* Mothers of Debutantes who are members of the sorority must be financial for the sorority year in which the cotillion is held
* Sell a minimum of twenty (20) tickets for the cotillion
* Sell a minimum of $1500.00 in advertisements for the souvenir book.
* *Come to the first dress check with dress, shoes and underskirt (petticoat) in October 2018**or you will be removed from the program.*
* Display a positive attitude toward all Teen Lift activities, participants, & committee members.
* Inappropriate behavior and/or unacceptable/disrespectful language towards any Teen Lift participant or committee member may be grounds for removal from the program.
* Exercise discretion in all actions that could affect the reputation of yourself or the Sorority
* Use SOUND JUDGMENT consistently when making decisions
* HAVE THE TIME TO PARTICIPATE \*\*\*\*\*\*\*\*\*\*
* ***It is the responsibility of the debutante and her family to secure the necessary participants: mother/mother-figure, father/father-figure and escort.***

Unpaid financial obligations (which includes, fees, tickets, souvenir ads, and dress requirements) and failure to comply with the requirements stated above may forfeit your participation in the Teen Lift Program. Please review the guidelines carefully and be **certain** you want to be a participant in the Teen Lift Program.

**REFUND SCHEDULE**

Due to various costs associated with operating the Teen Lift Program, the following refund schedule will be followed.

* $225 if withdrawal by 6/30
* $150 if withdrawal by 7/30
* $100 if withdrawal by 8/30
* No refund after 8/30

\*\*NOTIFICATION OF WITHDRAWAL FROM THE TEEN LIFT PROGRAM MUST BE IN WRITING BY THE PARTICIPANT AND **MONEY** CANNOT BE REFUNDED after **AUGUST 30th**

The $450.00 fee is due by **May 20, 2018**. We can **only** accept **bank** checks or money orders made payable to **Delta Sigma Theta Sorority, Inc.**

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: [teen.lift@dstcleveland.org](mailto:teen.lift@dstcleveland.org)

**DELTA SIGMA THETA SORORITY, INC.**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**TEEN LIFT PROGRAM**

**APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| **Item** | **Completed** |
| 1. Your application for the Teen Lift Program is TYPED on a separate sheet of paper. |  |
| 1. You have included a copy of your Unofficial Transcripts. |  |
| 1. Your response to participation and activities questions are TYPED on a separate sheet of paper and include your signature and date. |  |
| 1. Your participation pledge is TYPED on a separate sheet of paper and includes your signature and date. |  |
| 1. One recommendation is from your teacher, a school administrator or your counselor is in a sealed and signed envelope. |  |
| 1. One recommendation is from a community leader, your minister or pastor, your employer or a member of Delta Sigma Theta Sorority, Inc. and is in a sealed and signed envelope. |  |
| 1. The Verification of GPA Letter is signed by your school counselor or a school administrator |  |
| 1. The Criteria Sheet is signed and dated by both you and your parent. |  |
| 1. ALL OF THE ABOVE ITEMS ARE IN ONE SEALED ENVELOPE |  |
| 1. The $450 participation fee is due on May 20, 2018. It **should not** be submitted with your complete application packet. The $450 fee will need to be in the form of a **certified bank check or money order** that is made payable to **Delta Sigma Theta Sorority, Inc**. |  |

**THIS CHECKLIST IS FOR YOUR USE. IT DOES NOT NEED TO BE SUBMITTED WITH YOUR DOCUMENTS.**