

EMBODI Application Form

GREATER CLEVELAND ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
EMBODI (EMPOWERING MALES TO BUILD OPPORTUNITIES FOR
DEVELOPING INDEPENDENCE)
2024-2025 Program Year



The EMBODI (Empowering Males to Build Opportunities for Developing Independence) program is designed to refocus the efforts of Delta Sigma Theta Sorority, Incorporated, with the support and action of other major organizations, on the plight of African-American males. Both informal and empirical data suggests that the vast majority of African-American males continue to be in crisis and are not reaching their fullest potential educationally, socially and emotionally. EMBODI is designed to address these issues through dialogue and recommendations for change and action. EMBODI addresses issues related to STEM education, culture, self-efficacy, leadership, physical and mental health, healthy lifestyle choices, character, ethics, relationships, college readiness, fiscal management, civic engagement and service learning.

Please type or print neatly..

SECTION A — Contact Information

Scholar Name: _____
Last First Middle

Street Address: _____

City: _____

Parent Phone Number: _____ Home

_____ Cell

Email: _____

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

Scholar 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: _____

Email completed application to: embodi@dstccleveland.org

Phyllis East, Chair

Rashida Byrd, Co-chair