

September 22, 2017

Dear High School Sophomores, Juniors and Seniors:

This is a very important time of the year for students involved in the college admission process. There are tests to take, fees to pay, recommendations to secure, forms to complete, and deadlines to meet. If you need assistance completing any of the daunting tasks mentioned above, we invite you to join the Teen Lift program sponsored by the Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Delta Sigma Theta Sorority, Inc. is a public service organization with more than 900 chapters in the United States and abroad. The Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority, Inc. has been offering service programs in Brooklyn for over 60 years. The Teen Lift Program is one of its many programs.

The goals of the Teen Lift program are to offer 10th, 11th and 12th grade students who attend high school in Brooklyn, NY and/or reside in Brooklyn, NY opportunities to explore, understand, and consider the following matters:

1. College admission options
2. The financial aid process
3. Writing the personal statement
4. Preparation for college interviews
5. Benefits of attending Historically Black Colleges and Universities (HBCU)

**Program Requirements**In order to participate in the Teen Lift program, we require accepted students to abide by the following requirements:

1. Regular, prompt attendance at approximately 14 (fourteen) Saturday morning workshops;
2. Completion of all assignments given during the Teen Lift program;
3. Availability to attend the out-of-state college tour during the 2018 Spring Recess;
4. Two letters of recommendation. The letters may be obtained from **any two** of the following sources:
   1. A member of the Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority Inc.
   2. A teacher or guidance counselor
   3. Employer
   4. Religious leader, Sunday School Teacher, Scout Leader or Political Community Leader
5. An official high school transcript in a sealed envelope.

Enclosed please find an application for admission to the Teen Lift program. Kindly return a completed application, along with your **typed** personal statement, essay, official transcript and letters of recommendation to:

**Delta Sigma Theta Sorority, Inc**

**Brooklyn Alumnae Teen Lift Program**

**c/o Germaine Walker or Charlotte Hunter**

**P.O. Box 470913**

**Brooklyn, NY 11247**

**Completed applications** **and other required documents** **Must** **be received by the DEADLINE ON Saturday, November 11, 2017**. The orientation workshop (Mandatory attendance required for Parents/Guardians) will be held on Saturday, October 21, 2017 from 10:00 am – 12:00 pm at Emmanuel Baptist Church, 279 Lafayette Avenue, Brooklyn, NY 11238. Please enter around the corner at the St. James Place entrance.

We look forward to your participation in the program.

Sincerely,

Sheila Beverly-Skinner Germaine Walker Charlotte Hunter

**Chapter President Chair Co-Chair**

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**TEEN LIFT APPLICATION**

**(Please Print Clearly or Type)**

*Name (Student)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

(Last) (First)

*Permanent Home Address*:

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

Street Apt #

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

City State Zip Code

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*High School*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Guidance Counselor*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Expected Date of Graduation*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*List all Extracurricular Activities*:

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

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*Have you previously participated in any DST Brooklyn Alumnae activities/programs?*

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please identify:

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

*Program Date:*

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

*Parent/Guardian*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address (if different from student)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt #

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

City State Zip Code

***ADDITIONAL REQUIREMENTS: YOU MUST DO BOTH!!***

1. ***PERSONAL STATEMENT OF 300 WORDS*:** The personal statement helps us to become acquainted with you in ways different from courses, grades, test scores and activities. It also enables you to demonstrate your ability to organize thoughts and express yourself.
2. ***Write an essay of 300 words*** on one of the topics listed below. THE PERSONAL STATEMENT & ESSAY MUST BE TYPED (NO EXCEPTIONS)!!

1. Write a statement indicating why you are interested in attending college.

**2**. Where do you see yourself in five years? How do you plan to achieve your goal?

*Student Name* (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Email* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR PARENT/GUARDIAN ONLY

I am the parent or guardian of the student named above. I have reviewed the application and the program requirement letter. I hereby grant permission for my child to participate in the Teen Lift Program, sponsored by Delta Sigma Theta Sorority, Inc., Brooklyn Alumnae Chapter.

*Parent/Guardian Name* (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Home Phone* : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only when necessary

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

Parent/Guardian Signature Date

*Email Address* (for Chairpersons of Teen Lift only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY

*Emergency Contact*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Relationship to Student*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Allergies*: \_\_\_Yes \_\_\_No

If yes, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_