

**DELTA SIGMA THETA SORORITY, INCORPORATED**  
**DENVER ALUMNAE CHAPTER**  
**EMBODI Program Participant**  
**Application**

**PROGRAM DESCRIPTION**

EMBODI (Empowering Males to Build Opportunities for Developing Independence) is a national program sponsored by Delta Sigma Theta Sorority, Inc., a public-service sorority. The purpose of the program is to focus on improving the plight of the African American male. EMBODI is designed for boys between the ages of 13 thru 18. Both informal and empirical data suggests that the vast majority of African-American males continues to be in crisis and are not reaching their full potential educationally, socially and emotionally. EMBODI is designed to address these issues through dialogue, and recommendations for change and action. EMBODI will include a program format and information template. Through EMBODI, the participants are exposed to a variety of academic, cultural, and personal development activities.



**PARTICIPANT APPLICATION CRITERIA**

In order to participate in EMBODI, specific criteria and guidelines must be met by applicants as described below:

- Δ All participants must be African American boys.
- Δ All young men must be no younger than 13 years old and no older than 18 years old as of their most recent birthday.
- Δ Packets must be postmarked on/or before **September 12, 2021** to be considered for the EMBODI program.

**PARTICIPANT PROFILE**

EMBODI is designed for boys with one or more of the following characteristics:

- Δ Interested in developing leadership skills
- Δ Interested in video games, computers, and technology
- Δ Enjoy learning new things
- Δ Express an interest in math, science, and technology and/or careers that are considered nontraditional.

**PARTICIPANT SCHEDULE**

- Δ EMBODI participants will have virtual sessions throughout the academic year .

**CONTACT INFO**

Please direct any questions or comments to [EMBODI@denverdeltas.org](mailto:EMBODI@denverdeltas.org)

**IMPORTANT**

**APPLICATION DEADLINE: Sunday, September 12, 2021**

Applications **must** be sent electronically to [EMBODI@deverdeltas.org](mailto:EMBODI@deverdeltas.org) by the above date.  
Please complete all sections of the attached application.

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**EMBODI Program – Participant Application**

APPLICANT'S INFORMATION			
NAME		DATE OF BIRTH	
ADDRESS		APT #	
CITY		STATE	ZIP
PHONE	EMAIL		
PARENT(S)/LEGAL GUARDIAN(S)		HOME PHONE	
EMAIL ADDRESS		CELL OR WORK PHONE	
<b>HOW DID YOU HEAR ABOUT THIS PROGRAM (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Chapter Website	<input type="checkbox"/> Referral _____	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper
SCHOOL	GRADE	AGE	
<b>PLEASE RANK THE FOLLOWING SUBJECTS AND ACTIVITIES IN ORDER OF PREFERENCE WITH 1 BEING THE MOST FAVORITE AND 9 BEING THE LEAST FAVORITE.</b>			
__ Community Service	__ Helping Others	__ Science	
__ Computers	__ Learning about jobs/careers	__ Video Games	
__ Mentoring	__ Mathematics	__ Working with Groups	
<b>PLEASE LIST YOUR HOBBIES</b>			
<b>PLEASE LIST PARTICIPATION OF CURRENT AND PAST EXTRA-CURRICULAR ACTIVITIES (INCLUDES DATES, AND INDICATE OFFICES HELD, IF APPLICABLE). YOU MAY ATTACH A SHEET TO THE APPLICATION IF MORE ROOM IS NEEDED.</b>			
<b>YOUR TALENTS (WHAT YOU DO BEST AND/OR MOST LIKE TO DO):</b>			
<b>WHAT WOULD BE YOUR MAJOR TAKEAWAY FROM PARTICIPATING IN THE EMBODI PROGRAM?</b>			
<b>WHAT NEW SUBJECT WOULD YOU LIKE TO LEARN ABOUT?</b>			
<b>SHORT ESSAY QUESTION:</b>			
Please answer the essay question below. Your typed essay must be between 150 and 200 words in length. Failure to submit this essay will exclude you from consideration.			
1. Describe why you want to participate and what you would like to obtain from the EMBODI program:			
<b>SIGN</b>		<b>DATE</b>	
PARTICIPANT			