

Teen Lift Application Packet

In order to participate in the 2020-2021 Teen Lift Program of the Delta Sigma Theta Sorority, Inc., Greater Cleveland Alumnae Chapter, you are **required** to meet the following criteria:

1. Be a high school junior in good standing. Enrollment in high school must continue throughout the program.
2. Have a minimum **cumulative** grade point average of 2.5
3. Submit the Teen Lift G.P.A. verification letter **with an unofficial transcript**
4. 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)
5. 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.
6. 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.
7. 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:

1. **There will be an Information Session where important information about the program will be provided. It will be held on Sunday, March 29, 2020 from 2:00 – 4:00 p.m. at The Delta Center 11955 Shaker Blvd, Cleveland, OH 44120.**
2. All applications will be reviewed for completeness and quality of answers.
3. Completion of the application does not guarantee acceptance in the Teen Lift Program.
4. The Teen Lift Committee reserves the right to select applicants.
5. **Applicants will be notified and scheduled for an interview.**

**THE COMPLETED APPLICATION PACKET MUST BE RETURNED
AND POSTMARKED BY April 25, 2020 TO:**

TEEN LIFT
DELTA SIGMA THETA SORORITY, INC.
GREATER CLEVELAND ALUMNAE CHAPTER
P.O. Box 221368
Beachwood, Ohio 44122

Application packets postmarked **after April 25, 2020** and/or are incomplete packets
WILL NOT BE CONSIDERED!

If you have any questions, please send an email to: dst.teen.lift.gcac@gmail.com

IF YOUR APPLICATION IS ACCEPTED:

You and your parent/guardian will participate in our Program Orientation held on Sunday, May 17, 2020 from 1:00 – 3:00 p.m. and submit a \$450.00 participation fee. The participation fee must be in the form of a certified bank check or money order only. 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 25, 2020. Application packets postmarked after _____ and/or are incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO:
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**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.

<p>Date: _____</p> <p>Name of Applicant: _____</p> <p>School: _____</p> <p>–</p> <p><i>Information about Recommender</i></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip _____</p> <p>Code: _____</p> <p>Telephone Number: _____</p> <p>Work Phone Number: _____</p> <p>Please explain how you know the applicant and discuss her strengths and attributes.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>RECOMMENDATION LETTER MUST BE GIVEN TO THE APPLICANT IN A SEALED ENVELOPE.</p>
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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 25, 2020. Application packets postmarked after April 25, 2020 and/or incomplete packets will not be considered.

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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

<p>Date: _____</p> <p>Name of Applicant: _____</p> <p>School: _____</p> <p>—</p> <p><i>Information about Recommender</i></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip _____</p> <p>Code: _____</p> <p>Telephone Number: _____</p> <p>Work Phone Number: _____</p> <p>Please explain how you know the applicant and discuss her strengths and attributes.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*Delta Member must be a financial member of the Sorority or a chapter.</p>

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

<p>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 25, 2020. Application packets postmarked after April 25, 2020 and/or are incomplete packets will not be considered.</p>

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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 25, 2020. Application packets postmarked after April 25, 2020 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 17, 2020.
- 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 2019 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.
- A youth participants conduct shall be governed by the rules and expectations determined by Delta Sigma Theta Sorority, Inc. All youth participants and his/her parent/guardian shall be complete the program enrollment forms and all appropriate waivers, releases, parent/guardian authorizations, *Code of Conduct for youth participants, photography and media/social media authorization, medical information and treatment authorization and other consent forms.
- 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
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****NOTIFICATION OF WITHDRAWAL FROM THE TEEN LIFT PROGRAM MUST BE IN WRITING BY THE PARTICIPANT AND MONEY CANNOT BE REFUNDED after August 30th .**

MONETARY AWARDS

The Teen Lift Program endeavors to support its participants through the distribution of monetary awards in accordance with our Program guidelines, Chapter Scholarship Committee, and with the support of our community organizations and individual donors.

The Teen Lift Committee will issue a Teen Lift Program award notification letter to awardees.

- 1) If a 12 month period passes, and the monetary award is not claimed by the recipient, the funds will revert to the restricted fund of the Chapter Teen Lift Program.
- 2) The Teen Lift Committee will send a letter by certified mail and return receipt to inform the recipient of the forfeiture of the award.
- 3) An award recipient may request a deferment of funds not to exceed a full academic year. The request must be made in the form of a letter to the Teen Lift Committee.

The \$450.00 fee is due by Sunday, May 17, 2020. We can **only** accept **bank** checks or money orders made payable to **Delta Sigma Theta Sorority, Inc.**

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**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.	
2. You have included a copy of your Unofficial Transcripts.	
3. Your response to participation and activities questions are TYPED on a separate sheet of paper and include your signature and date.	
4. Your participation pledge is TYPED on a separate sheet of paper and includes your signature and date.	
5. One recommendation is from your teacher, a school administrator or your counselor is in a sealed and signed envelope.	
6. 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.	
7. The Verification of GPA Letter is signed by your school counselor or a school administrator	
8. The Criteria Sheet is signed and dated by both you and your parent.	
9. ALL OF THE ABOVE ITEMS ARE IN ONE SEALED ENVELOPE	
10. The \$450 participation fee is due on May 17, 2020. 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. at the Program Orientation following acceptance into the program.	

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