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 is not reaching their fullest potential educationally, socially and emotionally. E MBODI 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. This is a gender-specific program.
- 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 December 31, 2022, to be considered for the EMBODI program.

PARTICIPANT PROFILE

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

- Δ Possess potential, but limited opportunity to achieve success
- 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 sessions throughout the academic year at various locations.

CONTACT INFO

Please direct any questions or comments to embodi.sladst@gmail.com.

IMPORTANT

APPLICATION DEADLINE:

Friday, January 20, 2023

Applications **must** be either (1) received at the address below or (2) postmarked by the above date. Please complete all sections of the attached application, including the essay with one letter of recommendation and a copy of a current transcript:

DST - St. Louis Alumnae Attn: EMBODI P.O. Box 410844 St. Louis, MO 63141 DELTA SIGMA THETA SORORITY, INCORPORATED SAINT LOUIS ALUMNAE CHAPTER EMBODI Program – Participant Application

APPLICANT'S INFORMATION					
NAME				DATE OF BIRTH	
ADDRESS				APT #	
CITY				STATE	ZIP
PHONE	EMAIL				1
PARENT(S)/LEGAL GUARDIAN(S)			HOME PHONE		
FARENT(S)/LEGAL GUANDIAN(S)					
EMAIL ADDRESS					ORK PHONE
EMAIL ADDRESS					
		V			
HOW DID YOU HEAR ABOUT THIS PROGRAM (CHECK ALL THAT APPLY)					
Chapter Website	erral	Radio	□ News	naner	Flyer
SCHOOL	<u></u>	GRADE			
				_	
PLEASE RANK THE FOLLOWING SUBJECTS AND ACTIVITIES IN ORDER OF PREFERENCE WITH 1 BEING THE MOST FAVORITE AND 9					
BEING THE LEAST FAVORITE.					
Community Service	Helping Others		Scienc		
Computers	Learning about jobs/careersVideo C				
Field Trips	MathematicsWorking				S
PLEASE LIST YOUR HOBBIES					
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.					
HELD, IL ALL LIVADELD. TOO WAT ATTACH A SHELT TO THE AFFEIGATION IF MORE ROOM IS NEEDED.					
YOUR TALENTS (WHAT YOU DO BEST AND/OR MOST LIKE TO DO):					
WHAT DO YOU WANT TO GET FROM PARTICIPATING IN THE EMBODI PROGRAM?					
WHAT NEW SUBJECT WOULD YOU LIKE TO LEARN ABOUT?					
SHORT ESSAY QUESTION:					
Please answer one of the essay questions 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.					
2. In your opinion, what is a significant issue that is affecting your generation?					
	African-American Leader that you				
SIGN		• 		DATE	
PARTICIPANT					