



Dear Parent/Guardian,

This letter invites you to participate in the Self-Awareness Self-Esteem (SASE) Program. We have planned an exciting year for you. The SASE Program is designed for Washington DC boys and girls between the ages of 13-18. The program includes an academic yearlong series of programs to enhance the self-awareness and self-esteem of teenagers. This exciting program will allow participants to engage in discussions and activities related to mental and physical well-being, cultural heritage, and self-motivation.

The program sessions will take place on the following dates from 9 am to 2 pm:

- Saturday, October 3, 2009 -My Mental and Physical Self
- Saturday, November 7, 2009 -My Cultural Self
- Saturday, December 5, 2009 -My Motivated Self
- Monday, January 18, 2010 (Community Service Project- “We Feed Our People” at MLK Library)

The program location:

Howard University, Armour J. Blackburn Center
Main Campus, 2397 Sixth St. NW Washington, DC 20059
202-806-5983

Participation requires completion of the enclosed application. Applications must be received no later than **Friday, September 18, 2009**. Applications received after this date will be placed on a waiting list. Please be sure to complete all of the forms enclosed in this packet.

Please return all applications to:

**Washington DC Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Attention: SASE Committee
P.O. Box 90202 Washington, DC 20090
or by Fax: 877-295-8113**

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program. For additional information visit our website at www.wdcac.org.

Sincerely,
SASE Program

Please type or print legibly

Participant Information:

Name: _____
Last First Middle

Grade: _____ Date of Birth: _____ Age: _____
Month Day Year

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ School: _____

List the extra-curricular school activities in which you participate during the 2009/2010 school year:

Please provide a brief statement concerning your career goals:

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
Name Relationship Contact Phone

Please list any illnesses, allergies (including penicillin) or current medication that your son/daughter is currently taking: _____

In the event of an emergency an attempt is made to contact me or the person named above. I hereby consent to Delta Sigma Theta Sorority, Inc., Washington DC Alumnae Chapter and Omega Psi Phi Fraternity, Inc. Alpha Omega Chapter to seek any and all medical treatment, including transporting my son/daughter to the nearest emergency facility.

Parent/Guardian Signature: _____ Date: _____

PARENTAL/GUARDIAN CONSENT AGREEMENT FORMS

_____,
Students Name has my permission to participate in all programs and activities related to the SASE Program. I will facilitate and support my child's timely attendance and participation. I grant permission to use photographic records (website, newsletter flyers) for promotional purposes without recourse or compensation and optional use of the SASE Facebook Page (for the purposes of social networking and/or communication with exclusive availability and use by SASE participants).

I hereby release the Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc, the Alpha Omega Chapter of Omega Psi Phi Fraternity, Inc and all adult leaders of the SASE Program from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this activity, or in traveling to and from such field trip destinations. I also agree not to hold the above named organizations or its member or appointees individually, liable for the loss of destruction of personal property.

Parent/Guardian Signature: _____ Date: _____

