

North Charleston Alumnae
Chapter

Delta Sigma Theta Sorority, Inc.

2026

*Cotillion
Application*



"She is the storm and the calm, the blossom and the root — a Black girl whose crown is her mind, her power is her spirit, her beauty is her truth."



Dear Prospective Cotillion Participant,

The time is here for the 2025- 2026 Cotillion. North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated® cordially invites you to submit an application to join in our biennial event.

The Debutante Cotillion is a unique program that seeks to further develop and prepare its participants for transitioning into womanhood and for making their official entrance into society at a formal presentation. During this preparatory process, the Debutante will be involved in character-building and leadership development workshops while focusing on her social, academic, leadership, and civic development. Our goal is to develop young women through essential life changing instruction and experiences. The culmination of our program is the Cotillion Ball, which will be held on April 19, 2026, at Royal Missionary Baptist Church Life Center.

Eligibility and Requirements

- The applicant (prospective debutante) must be a standing junior or senior in high school with a minimum 2.7 GPA
- The applicant must be able to provide an official copy of transcript, bearing the school seal and showing GPA.
- The applicant must provide a recommendation letter from:
 - a school personnel (i.e. administrator, teacher or counselor)
 - a community personnel (not a family member or a member of your school)
- The applicant must be in good standing with her school and community. Evidence of good moral character This may include but is not limited to:
 - No record of poor discipline at school or in the community
 - No criminal, misdemeanor, or court record of any kind
 - Must not be pregnant or a parent
- The applicant must be able to participate in 85% of the planned activities to be held during the months of November 2025– April 2026.
- The applicant will be asked to perform a group community service project and complete additional community service hours on her own.
- The applicant, her escort, and her parent/guardian must be able to provide their own transportation to all planned activities.

Please take the time to carefully review the application. All applications must be received no later than October 31, 2025

Interested participants should submit the completed application that:

- Is neatly handwritten in blue or black ink or typed (a fillable application form is available)
- Is thoroughly filled out, printed, and signed (cannot be digitally signed)
- Includes Parent or Guardian information and signature (cannot be digitally signed)

A completed packet must be submitted by October 31, 2025 to North Charleston Alumnae Chapter via email to ncacdscotillion@gmail.com. Prospective participants will be invited to attend our Cotillion Information Meeting on Sunday, November 16, 2025. If in need of technical assistance is needed please contact us.

We hope you will consider joining us!



North Charleston Alumnae Chapter Delta Sigma Theta Sorority Inc.

2026 COTILLION PARTICIPANT APPLICATION

Please read this application in it's entirety. It is important this form be accurately completed. Also make note a receipt of application does not guarantee an invitation. Selected applicants will be formally notified by mail.

Personal Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

School Information

High School: _____

Classification: _____

G.P.A. _____

SCHOOL INVOLVEMENT/ACTIVITIES:

CAREER GOALS:

Community/Church Information

COMMUNITY/CHURCH INVOLVEMENT (ACTIVITIES,ETC.)

Character References

(Please attach reference letters)

I. Name _____

Phone Number _____ Job Title: _____

E-mail _____

II. Name: _____

Phone Number: _____ Job Title: _____

E-mail: _____

OTHER INFORMATION YOU WISH TO SHARE ABOUT YOURSELF:

Emergency Contacts

Name: _____ Phone Number: _____

Relationship to participant: _____

Name: _____ Phone Number: _____

Relationship to participant: _____

If invited to participate in the Cotillion, please inform the chairman of any known allergies/medical conditions. This information will remain confidential.

PLEASE CAREFULLY READ THE FOLLOWING STATEMENT:

The purpose of the Cotillion is to present young ladies to the community who have focused on academic achievement, maintaining a positive attitude, possessing admirable character and moral standards that make them role models for other young people. In keeping with the standards of North Charleston Alumnae Cotillion, Delta Sigma Theta Sorority, Incorporated®, will consider an application valid only when the answers are true to the following:

- I am a high school junior or senior, currently enrolled in a public or private school of the North Charleston area. and/or live in the North Charleston area.
- I have not been convicted or pleaded guilty to any offense in a court of law in regard to violence, theft, or substance abuse.
- I am able and committed to participate in Cotillion scheduled activities.
- I have the support and permission of my parents/guardians to participate in the Cotillion.

If any of the aforementioned conditions exist during the Cotillion process, North Charleston Alumnae Chapter of Delta Sigma Theta, Incorporated®, has the right to dismiss the student from participating in the Cotillion and no monies will be refunded.

Student's Signature: _____ Date: _____

Parent/Guardian's Section:

This section **MUST** be completed and signed by your parent or guardian. Please give the name and other information of the person, other than the applicant, to whom all Cotillion correspondence should be sent. The person listed should be the legal guardian or financially responsible adult of the student applying to participate in the Cotillion process.

Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ E-Mail: _____

I have certify that I (we) will participate in the 2026 COTILLION. I (We) realize the importance of my/our daughter becoming emotionally strong, socially smart, and spiritually connected. I (we) will participate in the activities, which include the financial support, as well as, attending all required experiences, rehearsals, and other Cotillion activities/events. I (We) understand that the participation of my/our daughter in the Cotillion sponsored by North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. requires the commitment of both my daughter and the parents/guardians. I (We) also understand that it will be my/our financial responsibility to provide the fees necessary to cover the cost of participation for my/our daughter. This includes, but is not limited to, the \$125.00 non-refundable deposit, if my daughter is selected for the 2026 Cotillion.

Parent/Guardian's Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
North Charleston Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated®
ATTN: 2026 Cotillion Application
P.O. Box 62114
North Charleston, South Carolina, 29419
or EMAIL TO: ncacdscotillion@gmail.com



North Charleston Alumnae Chapter Delta Sigma Theta Sorority Inc.

2026 COTILLION PARTICIPANT APPLICATION

Please read this application in it's entirety. It is important this form be accurately completed. Also make note a receipt of application does not guarantee an invitation. Selected applicants will be formally notified by mail.

School Official Recommendation Form

The student below has applied to participate in the North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. COTILLION Program. The selection committee is seeking an honest appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

Please attach your letter of recommendation and forward it along with this form before October 31, 2025 to:

Attn: Cotillion Committee
North Charleston Alumnae Chapter Delta Sigma Theta Sorority, Inc.
P.O. Box 62114
North Charleston, SC 29419

I, _____ request that you complete this recommendation form. It is a requirement for my application for the COTILLION program sponsored by North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that by signing this form, I waive my right to view the contents of your recommendation letter.

Applicant Name Date

Name _____
Address _____
City _____ State _____ Zip _____



North Charleston Alumnae Chapter Delta Sigma Theta Sorority Inc.

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Personal Reference Recommendation Form

The student below has applied to participate in the North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. COTILLION Program. The selection committee is seeking an honest appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

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Applicant Name _____ Date _____

Name _____
Address _____
City _____ State _____ Zip _____