

**Delta Sigma Theta Sorority, Inc**  
**South Palm Beach County Alumnae Chapter *Presents***



**DELTA GEMS: (Growing and Empowering Myself Successfully)**

A natural outgrowth and expansion for the continuation of the highly successful “Dr. Betty Shabaaz Delta Academy: Catching the Dreams of Tomorrow”, DELTA GEMS was created to “catch the dreams” of African American middle and high school girls (Age 14-18). DELTA GEMS provides the frame work to actualize those dreams through performance of specific tasks that develop a “CAN DO” attitude. The goals of DELTA GEMS are:

- ❖ To instill the need to excel academically;
- ❖ To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;
- ❖ To assist girls in proper goal setting and planning for their futures---high school and beyond; and
- ❖ To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

The DELTA GEMS framework is composed of five major components (Scholarship, Sisterhood, Show Me the Money, Service, and Infinitely Complete), forming a road map for college and career planning. Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth.

All participants must meet the following criteria:

- ❖ A middle and high school student ages 14-18, with a minimum GPA of 2.5 (4.0 Scale)
- ❖ Completed profile sheet
- ❖ Submit an essay about why she wants to be a member of the DELTA GEMS
- ❖ Consistent attendance to monthly meetings and scheduled service projects
- ❖ A POSITIVE ATTITUDE!

The criteria of the minimum GPA is negotiable based on the steps being taken to improve. Progress reports will be required until minimum GPA is achieved and maintained.

Contacts:

Audra Wilson, Chairperson

Anw022003@yahoo.com

Michelle Williams, Co-Chair

Wifey24@hotmail.com

Sponsored by the South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.  
[www.sopalmbeachdst.com](http://www.sopalmbeachdst.com)

**Delta Sigma Theta Sorority, Inc.**  
**South Palm Beach County Alumnae Chapter**  
2009-2010 DELTA GEMS: Growing and Empowering Myself Successfully  
Application Packet  
Due: 10/4/2009



**PERSONAL INFORMATION**

Please complete this packet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip code: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: Women's T-Shirt/Polo (Circle One) S, M, L, XL, XXL, XXXL

**SCHOOL INFORMATION**

Middle/High School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

College Choice (If any): \_\_\_\_\_

Major (If any): \_\_\_\_\_ Minor (If any): \_\_\_\_\_

Honors/Awards/Achievements:

\_\_\_\_\_

Special Talents/Hobbies:

\_\_\_\_\_

Church and Community Related Activities:

\_\_\_\_\_



## ELIGIBILITY REQUIREMENTS

I have attached the following required documents:

- \_\_\_\_\_ Proof of **minimum 2.5 GPA**
- \_\_\_\_\_ Copy of most recent **report card and progress report**
- \_\_\_\_\_ Three letters of recommendation, typed on form or official letterhead & Enclosed in **sealed** envelopes (Two recommendations from teachers; one (from counselor, pastor, mentor or other non-relative)
- \_\_\_\_\_ Signed **parental consent form**  
(Approval for behavior contract and mandatory sessions)
- \_\_\_\_\_ **Personal Essay** (See Attachment)



**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **ESSAY**

**Answer the following essay in typed format and attach to the application.  
Your response should be 200-300 words in length.**

Please explain why you would like to be a member of the DELTA GEMS Program. Also explain how DELTA GEMS can prepare you for future endeavors. In addition, explain what you wish to gain and learn from the DELTA GEMS Program.

Statement: I affirm that all statements made in this application are true.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant Signature)





**The South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**SCHOOL OFFICIAL RECOMMENDATION FORM**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the 2009-2010 DELTA GEMS Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **DELTA GEMS Program**.

\_\_\_\_\_  
(Signature of applicant) (Date)

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

The above student has applied to participate in the South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 2009-2010 **DELTA GEMS Program**. The selection committee is seeking a frank 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 additional sheet(s) as necessary. Enclose this form with your recommendation in sealed envelope and return to applicant.

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Signature Date



**The South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**PERSONAL RECOMMENDATION FORM**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the **2009-2010 DELTA GEMS Program**. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **DELTA GEMS Program**.

\_\_\_\_\_  
(Signature of applicant) (Date)

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **FL** Zip: \_\_\_\_\_

The above student has applied to participate in the South Palm Beach County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. **2009-2010 DELTA GEMS Program**. The selection committee is seeking a frank 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 additional sheet(s) as necessary. Enclose this form with your recommendation in sealed envelope and return to applicant.

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Signature Date



## Parental Consent Form

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(Printed name of Parent/Guardian) (Printed name of Student)

to participate in all activities organized by or through SPBCAC's 2009-2010 **DELTA GEMS Program**. I grant permission to make photographic records (websites, newsletters and flyers) for promotional purposes without recourse or compensation.

This is also my permission for the leader in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

### Parent/Guardian Emergency Information

\_\_\_\_\_ Home phone

\_\_\_\_\_ Work/Cell Phone

\_\_\_\_\_ Alternate Phone

I authorize \_\_\_\_\_ to be contacted in case of an emergency or If I cannot be reached. His/Her home phone number is \_\_\_\_\_ and work/mobile phone number is \_\_\_\_\_.

Does your child have a medical condition that the SPBCAC should be aware of before allowing your child to participate in this program? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes, please state the nature of the medical condition(s):

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I also understand that in order for the SPBCAC **DELTA GEMS** to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity (see Behavior Contract). Therefore, I understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2009-2010 **DELTA GEMS** Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature)

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**MEDICAL RELEASE FORM**

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Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle  
initial \_\_\_\_\_

In the event of an emergency the undersigned parent/guardian does hereby consent to Delta Sigma Theta Sorority, Inc. of SPBCAC to seek any and all medical treatment, including transporting my daughter to the nearest emergency facility and the administration of anesthesia and surgery, by a qualified physician. No action shall be taken until an attempt to contact me or the person named above at the phone numbers listed herein. I guarantee payment of all charges incurred for medical treatment.

Please list any illness, allergies (including penicillin) or current medication that your daughter is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

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Please print:  
Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**HOLD HARMLESS FORM**

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I am aware that by my daughter participating in the **DELTA GEMS**, traveling may be involved and there may be activities such as swimming and/or other physical contact and such activities that may result in an accident and may involve **MANY RISKS OF INJURY**. I understand that there may be dangers and risks involved in participating in the activities which may include, but not limited to, serious injury to bones, joints, ligaments, muscles, tendons and other aspects of the skeletal muscular system.

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_  
I have read the above warning and understand its terms. I understand that participating in the above event(s) can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above. In consideration of **Delta Sigma Theta, Inc. and the SPBCAC** permitting my child to participate in the above named chapter sponsored event(s) and to engage in the activities related to the events of/for the **DELTA GEMS**, I hereby agree to hold **Delta Sigma Theta, Inc.** and the affiliated Chapter harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child in any activities related to the above-named Chapter event(s).

**Please Print:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_