



Delta GEMS Application 2010 – 2011

SPONSORED BY:
***TALLAHASSEE ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.***

Information Session:
Tuesday, August 31, 2010 at 6:30pm at
Jack L. McLean, Jr. Community Center
700 Paul Russell Road

In order to become a member of the Tallahassee Alumnae Chapter of Delta GEMS, you must apply. The application must be received by **Friday, September 10, 2010 at 6:00 pm.**

Submit complete application & attachments to:
Jack L. McLean, Jr. Community Center
(700 Paul Russell Road)

Please direct all questions and concerns to Erica Francis, Delta GEMS Chair, at (850) 210-3092
or GEMS@tallahasseedst.org.

▲ The Delta GEMS Program ▲



TALLAHASSEE ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.
DELTA GEMS PROGRAM APPLICATION
2010 – 2011

Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The Delta GEMS (Growing and Empowering Myself Successfully) program is an expansion of the Dr. Betty Shabazz Delta Academy and was created to catch the dreams of African-American at-risk, adolescent girls aged 14-18 and/or in grades 9-12. Delta GEMS provides the framework to actualize the dreams of young girls through the performance of specific tasks that develop a CAN DO attitude.

The goals for 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 GEMS framework is composed of five major components, 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. The five components are:

- ▲ Scholarship (Academic Excellence)
- ▲ Sisterhood (Self-Esteem, Health Awareness & Leadership)
- ▲ Showing Me the Money (Financial Awareness)
- ▲ Service (Social Responsibility Obtained Through Community Service)
- ▲ Infinitely Complete (The Rites of Passage)

▲ Participation in Delta GEMS ▲

Delta GEMS is for teenage girls between the ages of 14-18 and/or grades 9-12. All participants must meet the following criteria:

- ✓ A completed application; **Only complete applications will be reviewed;**
- ✓ “Participant Agreement and Parental Consent” **with** parental/guardian signature;
- ✓ Essay (200 – 250 words) typed or handwritten;
- ✓ Copy of most recent report card or transcript;
- ✓ Consistent attendance at monthly meetings and scheduled activities; and
- ✓ A POSITIVE ATTITUDE

KEEP PAGES 1 and 2 FOR YOUR RECORDS.

PLEASE RETURN PAGES 3 THROUGH 6.

Please type or print legibly in blue or black ink.

Student Information

Name _____ Date of Birth _____ Age _____
Address _____



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City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Would you like to receive program updates via text message? Yes No

Parent/Guardian Information

Mother's Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Mother's Email Address _____

Mother's Highest Level of Education: No High School High School Diploma/GED AA Degree
(circle one) Bachelor's Degree Master's Degree Ph.D. Other _____

Father's Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Father's Email Address _____

Father's Highest Level of Education: No High School High School Diploma/GED AA Degree
(circle one) Bachelor's Degree Master's Degree Ph.D. Other _____

School Information (as of August 2010)

Name of High School _____ Grade _____

GPA _____ Name of Guidance Counselor _____

Employment

Are you currently employed? Yes No If no, do you have plans to get a job? Yes No

If yes, where? _____

Position/Job Title _____ Estimated work hours per week _____

Work Phone _____ Do you work Saturdays? Yes No

Emergency Contact & Medical Information

Any medical conditions, allergies, or special needs? _____

List current medications. _____

In case of an emergency, if the mother or father cannot be reached, please contact:

Name _____ Relationship to Student _____

Emergency Phone _____ Alternate Phone _____

Household & Other Information

How many adults in the home? _____ How many children in the home? _____

Student lives with: _____ Single Parent/Guardian _____ Dual Parents/Guardians

Do you receive free or reduced lunch? Yes No

Are you a former Delta Academy or GEMS participant? Yes No Year(s) _____

Women's Polo/T-Shirt Size (circle one): S M L XL 2X 3X

How did you learn about the Delta GEMS program? Church Friend Flyer

School Website Radio Former Member Other _____

Extracurricular Activities



List extracurricular activities (including community, church activities, school, public service projects and interest) you are involved in. Be certain to include position held and/or meeting days and times. (Please attach additional sheets if necessary.) _____

Goals & Ambitions

What are your goals or plans after high school? _____

Honors & Special Interests

Please list any honors, awards, hobbies or special interests you have. _____

Please describe any academic challenges. _____

On a separate sheet of paper, based on your status, select the appropriate following question to answer (200-250 words).

NEW APPLICANTS

- Based on your current knowledge of the Delta GEMS program, what do you expect to gain from participation and what role will you play in the success of the program if accepted?

RETURNING APPLICANTS

- Based on your previous participation in the Delta GEMS program, explain which activities would you like to see repeated or expanded this year? Also, what kind of new activities would be of benefit to you?

Your essay should be a minimum of 200 words and can be typed or handwritten, preferably typed. This essay represents you, be sure to check for grammar and spelling, support your answers and be truthful, it will make a difference.

I attest that all of the information provided is complete and accurate.

GEMS Applicant Signature: _____ **Date:** _____



Confidentiality Statement

The information provided in this application will be used only for statistical and reporting purposes. None of this information will be disseminated to the public and will be treated as confidential by the Delta GEMS Committee.



MEDICAL RELEASE FORM

The undersigned, as the parent(s) and/ or legal guardian(s) of _____, does hereby consent to any and all medical and surgical treatments, including anesthesia and operations, which may be deemed advisable by any qualified physician selected by the Chapter of Delta Sigma Theta Sorority, Inc and/or members and/or chaperone. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations and diagnostic procedures, which may now or during the course of the sponsor's care, be deemed advisable or necessary by any qualified physician. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Parent/ guardian or the insurance company providing for coverage for the above named G.E.M.S. guarantees payment of all charges incurred for medical treatment.

Physician's Name: _____ Phone #: _____

Address: _____

Insurance Provider: _____

Please provide proof of medical insurance.

PARENT PERMISSION FORM

My child, _____, has my permission to participate in the 2010-2011 Delta GEMS Program sponsored by the Tallahassee Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

I understand my child may be videotaped or photographed during activities with the Delta GEMS Program. I am aware these videos or photographs may be shared with Delta Sigma Theta Sorority, Inc. on a national or local level.

In order to maintain a safe and healthy environment for all participants involved, I am aware that drugs, alcohol, violence, profanity, and/or abusive behavior will not be tolerated. Therefore, I agree it will be my responsibility to pick up my child immediately if she violates this policy. I realize the Delta GEMS committee members may suspend a participant if her behavior does not reflect the spirit of the program.

I understand the Tallahassee Alumnae Chapter of Delta Sigma Theta Sorority, Inc. does not provide transportation and is not responsible for my child's travel to and from Delta GEMS Program events. I also understand that I am required to pick up my child no later than 15 minutes after the agreed upon completion time for an event.

I attest that all information is complete and accurate, assume full responsibility for my child's conduct and understand my involvement is an integral and important aspect of my child's success. My signature below attests that I have read and agree with the aforementioned and hereby gives my child consent to participate in the Delta GEMS Program.

Parent/Guardian's Signature

Date

Printed Name of Parent/Guardian

Date



HOLD HARMLESS FORM

I am aware that while participating in the above-named program, my daughter may be involved in activities that include travel and other actions such as swimming, stepping, and/ or other physical contact which may result in an accident and the potential for MANY RISKS OF INJURY. I understand that the dangers and risks of participating in the above activities include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects or my body, general health and well-being.

I, _____, am the parent/ legal guardian of _____ (G.E.M.S. Participant). I have read the above warning and understand its terms. I understand that participating in the above program and events can involve Many Risks of Injury, including, but not limited to, those risks outlined above. In consideration of Delta Sigma Theta Sorority, Inc. and the Chapter permitting my child to participate in the Chapter sponsored event(s) and to engage in the activities related to the events of/ for the Delta G.E.M.S. Program, I hereby agree to hold Delta Sigma Theta Sorority, Inc., the affiliated Chapters and/or members or chaperones harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with the participation of my child in any activities related to the Chapter event(s).

G.E.M.S. Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

STATE OF FLORIDA	
COUNTY OF _____	
Sworn to or affirmed and signed before me on _____ by _____	
_____ Personally known	_____
_____ Produced identification	NOTARY PUBLIC or COUNTY CLERK
_____	_____
(Type of identification produced)	(Print, type, or stamp commissioned name of notary or clerk)

*NOTE: This form must be **NOTARIZED** for your child to participate in the program.