



**Delta Sigma Theta Sorority, Inc.
Gwinnett County Alumnae Chapter**

GCAC services all of Gwinnett County except Centerville, Loganville, and Snellville

www.gwinnettdst.org

**The Dr. Jeanne L. Noble GEMS Institute
Delta GEMS Application**

PERSONAL INFORMATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

(Residents of Centerville, Loganville and Snellville should apply with the Stone-Mountain Lithonia Chapter)

Home Phone #: (____) _____ Cell Phone: (____) _____

Email address: _____ Date of Birth: _____

SCHOOL INFORMATION

High School _____ Grade Level 2012-2013 _____

Semester GPA _____ Cumulative GPA _____

Guidance Counselor Name _____

College Choice _____

Major _____ Minor _____

Honors/Awards/Achievements: _____

Special Talents/Hobbies: _____

Church and Community Related Activities: _____



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ELIGIBILITY REQUIREMENTS

I have attached the following required documents:

(Returning GCAC GEMS participants do not need to provide this information again)

_____ **Proof of minimum 2.0 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)

Essay

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

In your opinion, what is a significant issue or development, be it positive or negative, that is affecting your generation?

How will your participation in a program such as the Delta GEMS enable *you* to confront or contribute to this issue or development?

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

Signed: _____ **Date:** _____
(Applicant signature)

Please mail completed application packet to:
Delta Sigma Theta Sorority, Inc
Gwinnett County Alumnae Chapter
Attn: Delta GEMS
P. O. Box 491058
Lawrenceville, GA 30049



Postmark Deadline April 15, 2012!



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 Gwinnett County Alumnae Chapter's 2012-2013 **Delta GEMS** Program. I grant permission to make photographic records (website, newsletter, 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 school should be aware of before allowing your child to participate in this program? ____ Yes ____ No

If yes, please state the nature of the medical condition:

I also understand that in order for Gwinnett County Alumnae Chapter **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 2012-2013 **Delta GEMS** Program.

Signed: _____ Date: _____

(Parent/Guardian signature)



**The Gwinnett 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 2012-2013 **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 _____

Address _____

City _____ State GA Zip _____

The above student has applied to participate in the Gwinnett County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 2012-2013 **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 Gwinnett 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 2012-2013 **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 _____

Address _____

City _____ State GA Zip _____

The above student has applied to participate in the Gwinnett County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 2012-2013 **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.

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Printed Name _____ Title _____

Phone _____ Email _____

Signature _____ Date _____



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Phone Email

Signature Date