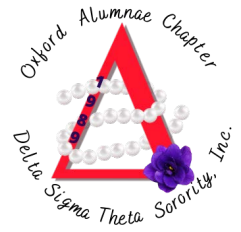




2020-2021
Delta G.E.M.S. Application
"GEMS: Jewels in our Galaxy"



Please complete the following application to participate in Delta G.E.M.S. Program. For the application to be considered, all requested information and all signatures must be completed.

Section 1: Applicant Information

Name: _____

Age: _____ Date of Birth: _____ Phone Number: _____

Address: _____

E-mail: _____

School Name: _____

Current Grade: **9th** **10th** **11th** **12th** GPA: _____

T-shirt Size: ___ Youth **S** **M** **L**
 ___ Adult **S** **M** **L** **XL** **2X** **3X**

This will be my ___ **1st** ___ **2nd** ___ **3rd** ___ **4th** year participating in the Delta G.E.M.S. program.

Parent or Guardian Information

Parent(s)/Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____

Parent(s)/Guardian(s) Cell Number: _____ / _____

Parent(s)/Guardian(s) E-mail: _____

Emergency Contact Information

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Cell Number: _____ / _____

Emergency Contact E-mail: _____

Section 2: Applicant Essay

Please answer both questions using a minimum of 500 words.

What do you hope to gain from participating in the Delta G.E.M.S. Program?

Is there anything else (i.e. hobbies/interests, extracurricular activities, goals, etc.) you would like the committee to know about you? Please list it here.

Section 3: Verification and Agreement to Participate

Is your application complete? Please make sure you have all parts of your application packet listed below included before submitting:

Completed Application

Copy of Current Grades (GPA)

**Educator Reference Checklist (email link to educator
<https://forms.gle/VrbXwjfxJrGBma8C8>)**

If you have any questions, please contact Delta G.E.M.S. committee:
Email: oac.deltagems1913@gmail.com Phone: 662-822-6471

Agreement to Participate

We have read and agree the information provided is true and complete to the best of my knowledge. I will be an active supporter and participant in the enrichment program (Delta G.E.M.S.) sponsored by the Oxford Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If my child is selected for participation into the Delta G.E.M.S. Program, please accept our signatures as our consent to have her participate.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____