



Burlington Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated

September 2021

Greetings Prospective Delta GEMS:

The Burlington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is pleased to announce the **Dr. Jeanne L. Noble Delta GEMS (Growing and Empowering Myself Successfully) Institute** is currently accepting applications for the 2021-2022 virtual program year.

Delta GEMS is a program developed by the National Chapter of Delta Sigma Theta Sorority, Inc. as a transition for African-American young ladies. A natural outgrowth and expansion for the continuation of the highly successful Dr. Betty Shabazz Delta Academy: Catching the Dreams of Tomorrow, Delta GEMS was created to catch the dreams of African-American at-risk, adolescent girls ages 14-18. The Institute provides the framework to actualize those dreams through the performance of specific tasks that develop a CAN DO attitude. The goals for the Delta GEMS Institute 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 in high school and beyond;
- To create compassionate, caring, community minded young women by actively involving them in service learning and community service opportunities.

Criteria for Participation:

Participation into Delta GEMS is held once a year. The following criteria will be used to determine eligibility:

- Entering or attending high school in the fall (grades 9-12)
- Reside in Alamance or Caswell Counties
- Must have a grade point average of 2.0 or better
- Submit a completed and signed application

Code of Conduct:

Participation in the Delta GEMS organization requires a strong level of commitment and responsibility. All members are to adhere to a *Code of Conduct* which consists of policies and procedures that governs the organization. The *Code of Conduct* addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, and other policies. The *Code of Conduct* will be provided to every participant of the program.

Selection Process:

All interested candidates should submit a completed Delta GEMS application. Applications must be received by 5PM September 30, 2021 via postal mail or email. To apply, send completed and signed applications to:

Postal Mail

Burlington Alumnae Chapter
ATTN: Delta GEMS Committee
Delta Sigma Theta Sorority, Inc.
PO Box 1591
Burlington, NC 27216

E-mail

deltagemsbacnc@gmail.com

If selected, all participants **MUST** attend the mandatory **GEMS/Parent Orientation** scheduled for October 09, 2021 at 10AM. All meetings will be held virtually on the second Saturday of each month (October 2021 – May

2022) from 10AM to 12PM . In order to successfully participate in the Institute, all selected candidates will need access to a computer (or similar device) with a camera and microphone and Wi-Fi/ Internet connection.

Upon selection, any additional information and/or forms will need to be returned prior to the orientation meeting. At least one parent/guardian or family member must be present.

Please be mindful that involvement and participation in all Delta GEMS activities are governed under the auspices of the Burlington Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta GEMS Code of Conduct, Officers, and Committee Chairpersons. Participation is strictly voluntary and requires a strong level of commitment. Appropriate behavior must be exemplified at all times.

If you have any concerns, please contact the Delta GEMS Committee at deltagemsbacnc@gmail.com.

****Please submit all application materials by the deadline of
5PM September 30, 2021.****

Sincerely,
Cassandra Bradley
Delta GEMS Co-Chair

Megan Stanley
Delta GEMS Co-Chair



DELTA GEMS: GROWING AND EMPOWERING MYSELF SUCCESSFUL

APPLICATION

2021-2022

APPLICANT INFORMATION:

Name: _____ Preferred Name: _____
 First Middle Last

Age: _____ DOB: _____ / _____ / _____ T-shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

High School _____ Grade _____ GPA _____

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

How did you hear about the program? _____

PARENT OR GUARDIAN INFORMATION:

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

Home Phone: (_____) _____ Cell Phone: (_____) _____

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

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

PERSONAL INFORMATION:

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y ___ N ___

Have you participated in any other Delta GEMS program? Y ___ N ___

Do you currently have a sibling participating in a Delta GEMS program? Y ___ N ___

If yes, please give name _____

Have you participated with Delta Academy? Y ___ N ___

Have you participated in any sorority sponsored activities (i.e., Jabberwock, etc.)? Y ___ N ___

APPLICANT QUESTIONS:

What are your favorite and least favorite subjects? Explain why.

Describe your personal strengths and challenges.

What are your future goals after high school graduation?

Do you participate in extracurricular or after-school activities/sports? If so, describe in detail the activity and how much time you spend on that activity.

Do you have any hobbies and/or interests? If so, describe.

Why do you want to be a participant in Delta GEMS?

Is there anything that would prevent you from fully participating in Delta GEMS activities?

Please place a check by each topic that may be of interest to you:

- | | |
|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> College Prep | <input type="checkbox"/> Healthy Relationships |
| <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Career Development |
| <input type="checkbox"/> Financial Awareness | <input type="checkbox"/> Home Economics |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Peer Pressure/Bullying |
| <input type="checkbox"/> Diseases Affecting Youth | <input type="checkbox"/> Beauty/Fashion Tips |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Art/Music/Dance |
| <input type="checkbox"/> African-American Culture/History | <input type="checkbox"/> Other, please specify _____ |

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____