

 **Delta Sigma Theta Sorority, Inc.**

 **Seattle Alumnae Chapter**

 **2021-2022 Dr. Jean L Noble Delta G.E.M.S.** **APPLICATION**

Thank you for applying for the Dr Jeanne L. Noble GEMS program! GEMS is the acronym for Growing and Empowering Myself Successfully. It is named for the 12th national president of Delta Sigma Theta Sorority.

 Seattle Alumnae Chapter (SAC) is one of a thousand chapters in the sorority, a public service, non-profit organization, founded in 1913 by 22 collegiate women at Howard University. SAC has served King, Kitsap and Snohomish Counties since 1933. For more information about our national and local organizations- go to [www.deltasigmatheta.org](http://www.deltasigmatheta.org) and [www.seattledeltas.org](http://www.seattledeltas.org).

**Goals:** Interactive activities focusing on collaborative planning, leadership, and self-care; exposure to a variety of career options; planning for next school year or post-high school graduation; participating in public service activities, attending an Afro-centric play/movie, and award a GEM senior a college scholarship if she is attending a four year university & qualifies.

**Eligibility**: Attending a private or public high school; All races and religions welcomed.

**When:** The program meets every 3rd Saturday, 10 am- noon, October -June; Location to be announced. All expenses are paid by SAC. All volunteers are trained and have approved background checks. If accepted, your first session will be October 16th. We will meet virtually until state guidelines change.

**Checklist for Application Process**

* Complete: REQUIRED PERSONAL DATA \_\_ PARENT Application pgs. 1-15\_\_\_
* SCHOOL INFORMATION \_\_
* Tee-shirt/hoodie size \_\_\_ (very important-we order in Sept) Share Who You Are: \_\_\_\_

Incomplete applications cannot be considered for participation. **Completed GEMS and PARENT applications are due on or before September 30, 2020. Applications postmarked or emailed after this date will not be considered**.

**Submit electronically or mail**

 Scan and Email to info@seattledeltas.org

**NOTE**: After the GEMS Committee reviews all of the applications, you will be notified once again if you are in the program or on a waitlist.

** **

 **Delta Sigma Theta Sorority, Incorporated**

**Seattle Alumnae Chapter**

**2020-21 GEMS Program**

 **REQUIRED PERSONAL DATA**

Applicant Name: First Middle Initial Last

 Home Address: City Zip Code

 Applicant Contact Telephone:

 **Applicant Email Address:** ­­

 Highlight Ethnicity (Optional):

African/African-American\_ Asian/Pacific Islander Hispanic/Latino White Bi-racial

Tee-shirt/hoodie size ­­­\_\_\_\_\_\_\_\_\_\_\_

 **PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name:

Parent/Guardian Telephone: ( )

(circle if: cell or work)

 Parent/Guardian Email address:

 Emergency Contact/ Name and phone:

**SCHOOL INFORMATION**

High School Name: Birth date:

 Grade Level (circle): Freshman Sophomore Junior Senior Cum GPA:

**Share a little bit about yourself**

My friends think I am:

In my spare time, I:

I think school:

In ten years, I will:

 I want to know more about:

My favorite tv shows are

Reading is

Math is

Writing is

**Highlight all that apply**:

I sing dance play a musical instrument write spoken word/poems/lyrics act

I am sort of shy/reserved outgoing focused More

My signature below certifies that the information on this application is complete and accurate. I understand that any misrepresentation may cause dismissal from the Seattle Alumnae Chapter Delta GEMS Program.

 **Applicant's Signature Date**

My signature below certifies that I authorize my daughter's participation in the Seattle Alumnae Chapter

Delta GEMS Program and activities. I give/do not give (circle one) my permission for my daughter’s image to be used on Seattle Alumnae Chapter’s, Farwest Region’s or Delta Sigma Theta Sorority, Inc’s website, Facebook page and Twitter account. I will notify GEMS chairs at info@seattledeltas.org if my daughter will miss a session.

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

**Parent/Guardian Signature Parent/Guardian phone Emergency Contact Name and Number**