DELTA GEMS INSTITUTE

The Delta GEMS (Growing and Empowering Myself Successfully) Program is an extension of the Dr. Betty Shabazz Delta Academy Program, sponsored by Delta Sigma Theta Sorority Incorporated. The GEMS Program focuses on teenage girls between the ages of 14-18.

NHCAC Delta GEMS program offerings will be implemented within our service area (Cypress, Humble, Jersey Village, Spring and Tomball, Texas).

The Delta GEMS is designed for:

- Young women who have potential, but need guidance, support and skills to achieve success
- Young women who are interested in developing leadership skills
- Young women who are actively pursuing college and/or career options
- Young women who need encouragement and support in pursuit of higher learning

The goal of Delta GEMS Program is to develop strong, confident and respectful young ladies and prepare them to take an active role in their success and society.

Goals:

- To instill in girls the need to excel academically
- To provide tools that will 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
- To create compassionate, caring and community-minded young women by actively involving them in service learning and community service opportunities

These objective and goals of Delta GEMS would be accomplished through workshops on:

- Academic Excellence
- Self Esteem, Health Awareness & Leadership
- Financial Awareness
- Community Service

If you are interested in becoming a part of this program, submit the attached application and all the requested supporting documents by the deadline date to:

Delta Sigma Theta Sorority, Inc.-North Harris County Alumnae Chapter
Delta GEMS/EMBODI Committee
ATTN: Lanessa S. Callandret, Chairperson
12320 Barker Cypress Road, Suite 600 #229
Cypress, Texas 77429

****DEADLINE: Saturday, June 13, 2015*****
I. PERSONAL INFORMATION

Full Name: __________________________________________
Address: _____________________________ City: ___________ Zip: _______
Home Telephone Number: _____________________ Cell Number: __________
E-mail Address: ___________________________ Ethnicity: ________________
Date of Birth: _____________________________ Age: __________________
Church Name: ______________________________ Church Address: __________

II. ACADEMIC PROFILE

School Name: ________________________________
Address: _________________________________ Telephone Number: __________
City: _________________________________ State: ___________ Zip: __________
Grade in Fall 2015: _________________________ Date of Graduation: __________
Favorite School Subjects: ______________________
Which school subjects do you need help with the most? _______________________
What new subject would you like to read/know about? _______________________
List your top three (3) college choices (name and location) in order of preference:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

*** An official school transcript in a SEALED envelope is REQUIRED***

III. PARENTAL/LEGAL GUARDIAN INFORMATION

Full Name: ___________________________ Relationship: _________________
Address (if different): __________________ City: ___________ Zip: _______
Contact Info: Home: _______________ Cell: _______________ Work: __________
Email Address: ___________________________
Are you a member of Delta Sigma Theta Sorority, Inc.? ☐ No ☑ Yes
If yes, please provide Chapter of Initiation: __________________________________________
If active, please provide Chapter Name: __________________________________________
Is a relative an active member? □ No □ Yes Relationship: _____________________________
If yes, relative’s name and Chapter Name __________________________________________

IV. ESSAY
Please submit a 500-word essay (typed and double-spaced) on the following topic:

*The objective of the Delta GEMS is to serve as a motivational tool targeting female teenagers resulting in an increased knowledge and awareness of academic excellence, self esteem, health awareness, leadership, financial awareness and community service. What are your future goals and how will being a part of the Delta GEMS help you to achieve these goals?*

V. LETTER OF RECOMMENDATION
Please submit one letter of recommendation from a non-family member detailing additional information about you. The letter may come from a school official, a community service supervisor, clergyman, or employer.

VI. EXTRACURRICULAR ACTIVITIES (attach additional sheets if necessary)

(1) Organization(s) and position(s) held - include length of participation (dates):

___________________________________________________________________________

___________________________________________________________________________

(2) Community service activities - include length of participation (date) and position held:

___________________________________________________________________________

___________________________________________________________________________

(3) Church related activities and position held:

___________________________________________________________________________

___________________________________________________________________________
VII. HOBBIES (How do you spend your spare time?)

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

VIII. TALENTS (List your God-given gifts.)

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

IX. ACHIEVEMENTS & AWARDS (attach additional sheets if necessary)

Please list below any honors or awards you have received.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

X. AUTHENTICITY AND AUTHORIZATION STATEMENT

I hereby declare that all information contained in this application is accurate. I have also requested that all official transcripts and the recommendation letter be forwarded directly to Delta Sigma Theta Sorority, Inc. Furthermore, I understand that while participating in this group, my picture and/or name may appear on videotape, the sorority’s/chapter’s website, newspaper, or television.

Student’s Signature: ________________________________ Date: ______________

XI. PARENT/LEGAL GUARDIAN VERIFICATION

I agree for my child to participate in the Dr. Jeanne L. Noble Delta GEMS Institute, including field trips. I will facilitate and support my child’s regular and timely attendance and participation. I also authorize, North Harris County Alumnae Chapter of Delta Sigma Theta
Sorority Inc. to obtain medical care for my child in case of an emergency. Furthermore, I understand that while participating in this group, my picture and/or name may appear on videotape, the sorority’s/chapter’s website, newspaper, or television.

Emergency contact (other than parent)________________________ Phone #________________

Parent’s Signature: ___________________________ Date: __________________

Thank you in advance for your timely and thorough application submission.

Sincerely,

Marcie Strahan, President
North Harris County Alumnae Chapter
president@northharrisdeltas.org

Lanessa S. Callandret, Chair
North Harris County Alumnae Chapter
713-504-7720 / Lstreams@hotmail.com

Debra Fisher, Co-Chair
North Harris County Alumnae Chapter
832-368-1151 / dafisher10@yahoo.com