



Delta Sigma Theta Sorority, Incorporated
Los Angeles South Bay Alumnae Chapter



DR. JEANNE L. NOBLE DELTA G.E.M.S.
2019-2020 Application

The Dr. Jeanne L. Noble Delta G.E.M.S. Institute (Growing and Empowering Myself Successfully) is an extension of the Dr. Betty Shabazz Delta Academy program and is designed for at-risk girls ages 15 to 18 years old. Delta G.E.M.S. provides the framework to actualize those dreams through the performance of specific tasks that develop a “CAN DO” attitude. The program includes mentoring, monthly workshops, parent workshops, field trips, computer training, tutoring, college/career counseling, and other enrichment activities for the Delta G.E.M.S. Institute participants.

The goals for the Delta G.E.M.S. 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 future high school and beyond; and
- To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

The Delta G.E.M.S. framework is composed of five major components (Scholarship, Sisterhood, Show Me the Money, Service, and Infinitely Complete), forming a road map for college and career planning. Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth.

We are seeking young ladies who are interested in developing their leadership, computer and technology skills, as well as wanting to do these things in a fun environment. If you would like your daughter to become a part of this rewarding and exciting experience, please complete the attached application packet including the student application, commitment and pledge contract along with a parent consent form.

This packet should be mailed to the address below by **September 16th**. If you have any questions, please feel free to contact Committee Chair: Jayla Peevy (310) 935-5677 or researcher25@gmail.com

Co-Chair: Aubrey Darden (323) 610-1554 or adardendst@gmail.com

Please mail completed application packet to:

Delta Sigma Theta Sorority, Inc.
Los Angeles South Bay Alumnae Chapter
ATTN: Delta G.E.M.S.
P. O. Box 11025
Carson, CA 90749

Yours truly,

Cynthia Giddens Hunter

Cynthia Giddens Hunter, President

I. STUDENT INFORMATION

NAME: _____ DATE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
HOME PHONE: _____ CELL: _____
EMAIL ADDRESS: _____
DATE OF BIRTH _____ AGE: _____ T-SHIRT SIZE: _____

II. PARENT/GUARDIAN INFORMATION

PARENT/GUARDIANS NAME: _____
HOME PHONE: _____ CELL: _____
EMAIL ADDRESS: _____
EMERGENCY CONTACT: _____
CONTACT NUMBER: _____ ALT NUMBER: _____
EMAIL ADDRESS: _____

III. MEDICAL (to be completed by Parent/Guardian)

IS APPLICANT:

- 1) Currently under a doctor's care? YES _____ NO _____
If yes, Doctor 's Name _____
- 2) Taking any Medications? YES _____ NO _____
If yes, what are you taking? _____
- 3) Does Applicant have allergies (food, dust, pollen, animals, etc.) YES _____ NO _____
If yes, list them _____
- 4) Is there any activity that you cannot participate in? YES _____ NO _____

If yes, list _____

IV. EDUCATION (to be complete by applicant)

Have you participated in Delta Academy/GEMS before? YES _____ NO _____

If yes, excluding this year how many years have you attended? _____

SCHOOL NAME: _____

GRADE: _____

LIST THE SCHOOL CLUBS/TEAMS YOU BELONG TO:

LIST THE SCHOOL CLUBS/ACTIVITIES YOU PARTICIPATE IN OUTSIDE OF SCHOOL:

LIST YOUR HOBBIES:

HOW DID YOU HEAR ABOUT DELTA G.E.M.S.?

STUDENT COMMITMENT AND PLEDGE CONTRACT

△ I will strive for discipline and dedication in all that I do.

△ I will strive to do my best in all that I do.

△ I will respect others space, opinion and time.

△ I will listen to what others have to say.

△ I will respect others property.

△ I will ask for help and help others when needed.

△ I will be on time for sessions and activities.

△ I will take responsibility for my actions.

△ I will not strike out (physically/verbally) in anger.

△ I will be willing to open my mind to new ideas.

Student Signature

Date

Parent Signature

Date

**PARENTAL CONSENT AND WAIVER FORM
2019-2020**

By my signature below, I grant permission for my child to participate in the Dr. Jeanne L. Noble Delta G.E.M.S. workshops, field trips, and other educational or cultural activities sponsored by the Los Angeles South Bay Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for the period of October 2019-May 2020. I understand that the program participants are females between 15 and 18 years of age; who are residents of the Los Angeles South Bay Alumnae Chapter service areas; and who are currently enrolled in a public, private, or charter school. I also understand that I am expected to facilitate and support my child's attendance and participation.

Further, I understand reasonable efforts will be made to supervise my child. My child and I understand that certain conduct (for example, unacceptable sexual conduct, unacceptable dress, violent speech or conduct, and the use of controlled substances or alcohol) but not limited to, will not be tolerated in the program and that the commission of any of these acts will result in immediate dismissal from the program. I understand that in the event that one of these acts occurs, the supervising member of Delta Sigma Theta Sorority, Inc. will contact, via the numbers provided, either the parent or emergency contact person on file. I agree that when I, or the emergency contact person is called, the emergency contact person or I will immediately come and pick my child up from the session and/or activity.

Further, I agree not to hold the Los Angeles South Bay Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the Delta GEMS. I also agree not to hold the above named organizations, or its members or appointees individually, liable for the loss or destruction of my child's property.

Parent/Guardian Signature _____

Date: _____

Applicant Signature _____

Date: _____

PHOTOGRAPHY CONSENT AND WAIVER FORM
2019-2020

I, _____, hereby authorize the Dr. Jeanne L. Noble Delta G.E.M.S, *Delta Sigma Theta Sorority, Inc., Los Angeles South Bay Alumnae Chapter* to photograph or film my daughter, _____ and consent to the use of her likeness in all publications, educational materials, research, advertising, news media, and World Wide Web materials. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the Los Angeles Alumnae Chapter and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the Los Angeles South Bay Alumnae Chapter and Delta Associates Foundation for potential future purposes and further agree to release the Los Angeles Alumnae Chapter and Delta Associates Foundation from all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

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