



# *Delta Sigma Theta Sorority, Inc.* *Baltimore County Alumnae Chapter*

## *Delta Academy II* **Delta G.E.M.S. Application** **2009-2010**

Greetings Ladies,

This letter is to invite you to participate in an exciting mentoring program for the 2009-2010 school year. The women of Delta Sigma Theta Sorority, Inc., Baltimore County Alumnae and Mu Psi Chapters are opening our arms and hearts to young ladies interested in joining the *Delta GEMS (Growing and Empowering Myself Successfully)* program.

An exciting year has been planned for you. The Delta GEMS program is designed for females between the ages of 14-18 years old and/or in grades 9-12. The objective of the Delta GEMS program is to serve as a motivational tool which targets female teenagers in an effort to increase knowledge and awareness of issues and concerns that affect young women.

Applications must be received no later than **Saturday September 19, 2009**. Applications received after this date will be placed on a waiting list. Please be sure to complete all of the forms enclosed in this packet. Failure to submit all parts of the application will exclude you from consideration. Please return completed applications to:

**Delta Sigma Theta Sorority, Inc.**  
**Baltimore County Alumnae Chapter**  
**PO Box 240**  
**Randallstown, MD 21133**  
**Attention: Adriene Roberts**

**All applicants must attend the Delta GEMS Orientation and Welcome Ceremony in order to participate in the program. The Orientation is scheduled for Saturday, September 26, 2009. The Welcome Ceremony is scheduled for Saturday, October 3, 2009. Both activities will be held at the Hillendale PAL Center, located at 1111 Halstead Rd, Parkville, MD 21234.**

If you have questions or concerns, please feel free to contact:

Adriene Roberts, Chairperson  
deltagems@bcacdeltas.org

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program.

Sincerely,  
The Delta GEMS Committee



*Delta Sigma Theta Sorority, Inc.*  
*Baltimore County Alumnae Chapter*

*Delta Academy II*  
**Delta G.E.M.S. Application**  
**2009-2010**

**Personal Profile**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Information**

In the event of an emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number and Cell Number: \_\_\_\_\_

**Applicant Information**

How did you hear about the program? \_\_\_\_\_

What would you like to gain from Delta Academy/Delta GEMS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything that would prevent you from fully participating in Delta GEMS activities the 2<sup>nd</sup> Saturday and 4<sup>th</sup> Thursday of each month? (**Beginning in October 2009**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all extracurricular activities (including community/church activities, public service projects and interests):

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What are your favorite subjects?

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What do you want to be when you grow-up?

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Who is (are) your role model(s) and why?

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### Parental Consent

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(Print name of Parent/Guardian) (Printed name of Child)

To participate in all activities organized by or through Delta GEMS Program of the Baltimore County Alumnae and the Mu Psi Chapters of Delta Sigma Theta Sorority, Inc. I grant permission to make photographic records (website, newsletter, flyers, brochures, etc.) for promotional purposes without recourse or compensation.

I also grant permission for the leader in charge or designee to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I authorize \_\_\_\_\_ to be contacted in case of an emergency or if I cannot be reached. His/her

home phone number is \_\_\_\_\_ and work/cell phone number is \_\_\_\_\_

Does your child have any medical conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the nature of the medical condition:

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### Parental Consent/Agreement

I also understand that in order for BCAC and Mu Psi Delta GEMS to maintain a safe and healthy environment for all children, drugs, alcohol, violence abusive language and misconduct will not be tolerated at any activity.

Therefore, I understand that it will be my responsibility to pick up my child immediately if my child is removed for disciplinary reasons.

I also agree to hold harmless the organization, Baltimore County Alumnae and Mu Psi Chapters of Delta Sigma Theta Sorority, Inc. or its members, of any responsibility or liability for any injury or accident, which may occur through participation in activities this program year. This agreement is effective for the Delta GEMS program year of 2008-2009. By signing, I fully acknowledge and understand the above agreement.

I understand, having read and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2009-2010 **Delta GEMS** Program.

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Signature, Parent/Guardian

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Date

**\*\*\*You must attend the Delta GEMS Orientation and Welcome Ceremony in order to participate in the program.\*\*\***