



**Charlotte Alumnae Chapter**  
**Delta Sigma Theta Sorority, Incorporated**  
**The Dr. Jeanne L. Noble GEMS Institute**

2019-2020 Application Deadline - June 30, 2019

Note that two letters of recommendation are required for all 1st-time applicants. The letters can be written by a parent, relative or other individual, such as a representative of the students' school or church. At least one letter must be from a non-relative. Please see the chapter's website ([www.charlottedst.org](http://www.charlottedst.org)) for forms and instructions.

Please read and follow the instructions carefully prior to submitting your application. Participants selected will be notified on or before the 30th of August, 2019.

All correspondence will be generated from the personal information submitted below. Please check that information and email address are correct including any capitalization and punctuation.

## I. Student Data

Tell us about yourself

### Full Name \*

First Name

Last Name

**Telephone No. : \***

Area Code    Phone Number

**E-mail : \***

**Home Address : \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**II. High School Information:**

**Name of School for 2019 - 2020 School Year \***

**Grade Level \***

**Age: \***

**This upcoming year will be my \_\_\_ year participating in Delta GEMS (Choose one.) \***

**Is your mother, sister or grandmother a member of Delta Sigma Theta Sorority, Incorporated? \***

Yes

No

**If your mother, sister or grandmother is a member of Delta Sigma Theta Sorority, Incorporated, please provide the name and your relationship to the member.**

### **III. Parent Information**

#### **Parent/Guardian #1 Name**

First Name      Last Name

#### **Parent/Guardian #1 E-mail : \***

#### **Parent/Guardian #1 Address : \***

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code



**Please provide a list of ongoing activities in which you will be engaged during the 2019-2020 school year (e.g., clubs, sports, jobs, church and community activities.)**

## **VI. Recommendation Letters**

**Please indicate which of the following activities would be of most interest to you as part of the program. (Please check all the apply).**

- Book Club
- Bullying
- Careers
- College Life
- Etiquette
- Health and Beauty
- Money/Savings
- Nutrition and Exercise
- Public Speaking
- Self-Esteem
- Social Action
- Social Media
- Study Habits and Homework Tips
- Technology
- Volunteering

## **V. Essay**

**Why do you want to be a part of the Delta GEMS program and what do you hope to learn or gain by participating in the program?**

Please copy and send this link to the individuals that will be submitting your recommendation letter.

[DELTA GEMS RECOMMENDATION LINK](#)

Your essay should be 100-300 words.

### **Recommender #1**

First Name      Last Name

### **Recommender #1 Email**

example@example.com

### **Recommender #2**

First Name      Last Name

## Recommender #2 Email

example@example.com

## VII. Applicant's E-Signature

By signing (typing your legal name) in the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

**E-Signature: \***