

***Dr. Betty Shabazz Delta G.E.M.S./Academy
DELTA SIGMA THETA SORORITY, INC.
BATON ROUGE SIGMA ALUMNAE CHAPTER***

**2017
APPLICATION PACKET**

“Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century”

Delta Sigma Theta Sorority, Inc.
Baton Rouge Sigma Alumnae Chapter
Baton Rouge Sigma Foundation
“Catching the Dreams of Tomorrow”

DR. BETTY SHABAZZ DELTA GEMS/ACADEMY

Dear Parent/Guardian:

Thank you for your interest in the 2017 Delta GEMS/Academy program of Delta Sigma Theta Sorority, Inc.

The Dr. Betty Shabazz Delta GEMS/ Academy is a national initiative of Delta Sigma Theta Sorority, Inc. **Delta Academy** is sponsored by the Baton Rouge Sigma Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

The goals of the Delta GEMS/Academy are achieved through challenging and fun seminars, field trips, and other special presentations. A particular emphasis is placed on math, science, technology, self-esteem, non-traditional careers, community service, learning skills, and leadership development. The Delta Academy is especially designed for young ladies **aged 11 – 14**. The Delta GEMS, which stand for **Growing and Empowering Myself Successfully**, is designed for young ladies **aged 14-18**. Both programs will provide scholarship, service activities, and sisterhood enrichment opportunities for young ladies that will prepare them for the 21st century and beyond. If you would like your daughter to become a part of this rewarding and exciting experience, please complete the attached application package.

An orientation session will be held on **Sunday, September 24, 2017, 2:00 p.m. at The Life Development Center (LDC), 688 Harding Blvd. Baton Rouge, LA 70804.**

Please return all applications by September 24th to the LDC or mail in advance by September 17th to:

Delta ACADEMY
c/o Baton Rouge Sigma Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 74066
Baton Rouge, LA 70874-4066

Sincerely,

Jerrie M. Booker

Jerrie M. Booker, Chapter President

“Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century”

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DELTA GEMS/ACADEMY

Sponsored by the Baton Rouge Sigma Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

2017 Student Application

(Please Print)

Name of Applicant _____

Date of Birth _____ Age as of 9/2017 _____

Address _____

City/Zip _____

Home Phone _____ Cell Phone _____

Email _____

School Name: _____

Grade (2017-2018 yr): _____

Student Status:

This is my 1st 2nd 3rd 4th year participating in Delta GEMS/Academy

Why do you want to participate in the Delta GEMS/Academy program?

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Extra-Curricular Activities/Hobbies: _____

Please rate the following activities 1 to 5 (**1 being least interesting and 5 being most interesting**):

- | | |
|---------------------------|---|
| ___ Conflict Resolution | ___ Volunteering/Community Service |
| ___ Self Esteem/Etiquette | ___ Museum of Arts & Science Field Trip |
| ___ Social Media Safety | ___ Mother / Daughter Day |
| ___ Graduation Planning | ___ Health/Fitness |

What are your favorite subjects in school?

___ Math ___ Science ___ English ___ History ___ Computer ___

Other: _____

Career Interests: _____

Do you have any siblings who participate in a Delta GEMS/Academy program? _____ Y or _____ N

If yes, please give name _____

T-Shirt Size (circle one): **Youth / Adult** (Circle one): XS S M L XL XXL

Parent or Guardian Information

Parent(s)/Guardian(s) Name: _____

Home Number: _____ Work Number: _____












Parent(s)/Guardian(s) Cell Number: _____

Parent(s)/Guardian(s) E-mail: _____

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Student Commitment and Pledge Contract

-  **I will strive to do my best in all that I do.**
-  **I will be sensitive to the needs of other participants.**
-  **I will strive for discipline and dedication in all that I do.**
-  **I will keep an open mind.**
-  **I will respect other's space, opinion and time.**
-  **I will ask for help and help others when needed.**
-  **I will be on time for all sessions and activities.**
-  **I will take responsibility for my actions.**
-  **I will not strike out (physically/verbally) in anger.**
-  **I will listen to what others have to say.**
-  **I understand that more than (2) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.**

Participant Commitment: I agree that I will try my best to attend and fully participate in all scheduled Delta GEMS/Academy sessions. I will have an open mind and will challenge myself to learn new things, meet new people and have a positive attitude at all times.

Delta GEMS/Academy Participant Signature

Date

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DR. BETTY SHABAZZ DELTA GEMS/ACADEMY**EMERGENCY CONTACT AND PARENTAL CONSENT FORM 2017-2018**

Emergency Contact Information List a contact person other than parents who can be contacted in case of an emergency.

Name	Contact Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Release Consent List of person(s) who can pick up your child from program activities.

Name	Contact Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical History Illnesses / Allergies of Applicant:

Write a short statement explaining what you hope your child will gain from being a participant of Delta Academy (an additional sheet of paper may be used).

Parent Commitment:

By my signature below, I grant permission for my daughter to participate in the Dr. Betty Shabazz Delta GEMS/Academy workshops, field trips, and other educational or cultural activities sponsored by the Baton Rouge Sigma Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for the period of **September 2017 - May 2018**.

Parent(s)/Guardian(s) Signature

Date

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