



Dear Applicant,

Thank you for your interest in Delta GEMS. Delta GEMS (Growing & Empowering Myself Successfully) is under the auspices of the Educational Development Committee of Delta Sigma Theta Sorority, Incorporated, Chicago Alumnae Chapter. The Delta GEMS are made up of five major components: Scholarship, Sisterhood, Show Me the Money, Service and Infinitely Complete. Delta GEMS membership is open to female high school students between the ages of 14-18 years old.

An essay on public service is to be submitted with the completed application as you will be required to perform public service. Your essay should explain your personal understanding of Public Service. Completed applications must be **received** (not post-marked) by **Friday, October 1, 2010. This deadline will be strictly enforced. No exceptions.** There are a limited number of slots so you are encouraged to return your application as soon as possible.

***NO LATE APPLICATIONS WILL BE ACCEPTED.**

A complete application consists of the following items:

- Delta GEMS application
- Public service essay
- Copy of your most recent school transcript or a copy of your 8th grade report card for freshmen.

All applications are to be sent to Delta Sigma Theta Sorority, Inc., Chicago Alumnae Chapter P.O. Box 497639, Chicago, IL 60649, Attn: Cathy J. Walker

. If you have any questions or concerns, you may contact Ms. LeDonna Rollins (312) 925-9924, Mrs. Krystal Taylor (708) 466-3155 or Ms. Cathy J. Walker (312) 498-1904.

DELTA GEMS APPLICATION FOR MEMBERSHIP

DATE _____

NAME _____

ADDRESS _____ APT. _____ PHONE (____) _____

EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ AGE _____

SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____ PHONE (____) _____

EMAIL ADDRESS _____

SCHOOL / CHURCH / CIVIC ACTIVITIES

HOW DID YOU LEARN ABOUT DELTA GEMS? _____

WHY DO YOU WANT TO BECOME A MEMBER OF DELTA GEMS? _____

WHAT CAN YOU CONTRIBUTE TO DELTA GEMS? _____

WHAT TYPE OF ACTIVITIES WOULD YOU LIKE THE DELTA GEMS TO PARTICIPATE IN? _____

REFERRED BY _____

***** MAIL COMPLETED APPLICATION AND ESSAY FORM TO:

Delta Sigma Theta Sorority, Inc.

Chicago Alumnae Chapter

P.O. Box 497639

Chicago, IL 60649

Attn: Cathy J. Walker

***** **PLEASE INCLUDE A COPY OF YOUR MOST RECENT SCHOOL TRANSCRIPT** (OR A COPY OF YOUR 8TH GRADE REPORT CARD FOR FRESHMEN) WITH THE COMPLETED APPLICATION AS WELL AS THE PUBLIC SERVICE ESSAY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

***** **APPLICATIONS MUST BE RECEIVED NOT POST-MARKED BY FRIDAY, OCTOBER 1, 2010.**

*Educational Development Committee/Delta Academy II: Delta GEMS
Chicago Alumnae Chapter*

