



**2021-2022**  
**Delta G.E.M.S. Application**  
*"GEMS: Jewels in our Galaxy"*



**Please complete the following application to participate in Delta G.E.M.S. Program. For the application to be considered, all requested information and all signatures must be completed.**

**Section 1: Applicant Information**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_

Current Grade: **9<sup>th</sup>** **10<sup>th</sup>** **11<sup>th</sup>** **12<sup>th</sup>** GPA: \_\_\_\_\_

T-shirt Size: \_\_\_ Youth **S M L**  
\_\_\_ Adult **S M L XL 2X 3X**

This will be my \_\_\_ **1<sup>st</sup>** \_\_\_ **2<sup>nd</sup>** \_\_\_ **3<sup>rd</sup>** \_\_\_ **4<sup>th</sup>** year participating in the Delta G.E.M.S. program.

***Parent or Guardian Information***

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Cell Number: \_\_\_\_\_ / \_\_\_\_\_

Parent(s)/Guardian(s) E-mail: \_\_\_\_\_

***Emergency Contact Information***

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Cell Number: \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact E-mail: \_\_\_\_\_

**Section 2: Applicant Essay**

**Please answer both questions using a minimum of 500 words.**

What do you hope to gain from participating in the Delta G.E.M.S. Program?

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Is there anything else (i.e. hobbies/interests, extracurricular activities, goals, etc.) you would like the committee to know about you? Please list it here.

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### **Section 3: Verification and Agreement to Participate**

***Is your application complete?*** Please make sure you have all parts of your application packet listed below included before submitting:

**Completed Application**

**Copy of Current Grades (GPA)**

**Educator Reference Checklist (email link to educator  
<https://forms.gle/VrbXwjfxJrGBma8C8>)**

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**If you have any questions, please contact Delta G.E.M.S. committee:**  
Email: [oac.deltagems1913@gmail.com](mailto:oac.deltagems1913@gmail.com) Phone: 662-822-6471

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### **Agreement to Participate**

We have read and agree the information provided is true and complete to the best of my knowledge. I will be an active supporter and participant in the enrichment program (Delta G.E.M.S.) sponsored by the Oxford Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If my child is selected for participation into the Delta G.E.M.S. Program, please accept our signatures as our consent to have her participate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_