



*Delta Sigma Theta Sorority, Inc.*  
*Uncompromising Commitment to Communities: Service, Leadership, Empowerment*

# Application to Participate Delta Youth Initiatives



GEMS Girls Grades: 9<sup>th</sup> thru 12<sup>th</sup>



ACADEMY Girls Grades: 6<sup>th</sup> thru 8<sup>th</sup>



EMBODI Boys Grades: 7<sup>th</sup> thru 11<sup>th</sup>

**Sponsored by: Augusta Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

**Email: [AACMail@dstaugustaalumnae.org](mailto:AACMail@dstaugustaalumnae.org)**

**Website: <http://www.dstaugustaalumnae.org/>**

**Applications Available Online August 1st**

## **Delta Sigma Theta Sorority, Inc.**

Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. A sisterhood of more than 200,000 predominately Black college educated women, the Sorority currently has over 900 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas and the Republic of Korea who are devoted to service, scholarship and sisterhood. We thank you for your interest in the youth initiative programs for the 2016-2017 academic year. Please take some time to read through the entire application packet to learn more about these three national programs executed on a local level. If selected, we look forward to working with your son/daughter as they journey through middle/high school, prepares for college and the rest of their life. Once you have read the application, **print** (black ink only) or **type** your pertinent information in the provided spaces and return the packet to the chapter. Don't forget to circle the program for which you are applying.

Thank you,

Kim W. Gaines, President of Augusta Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

### **Program Information**

**Delta ACADEMY:** Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century: The Delta Academy was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. Delta Academy provides an opportunity for local chapters to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning defined as the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

**EMBODI** (Empowering Males to Build Opportunities for Developing Independence): The program is designed to refocus the efforts of Delta Sigma Theta Sorority, Inc., with the support and action of other major organizations, on the plight of African-American males. Both informal and empirical data suggests that the vast majority of African-American males continues to be in crisis and is not reaching its fullest potential educationally, socially and emotionally. EMBODI is designed to address these issues through dialogue and recommendations for change and action. EMBODI addresses issues related to STEM education, culture, self-efficacy, leadership, physical and mental health, healthy lifestyles choices, character, ethics, relationships, college readiness, fiscal management, civic engagement and service learning.

**Delta GEMS** (Growing & Empowering Myself Successfully): A natural outgrowth and expansion for the continuation of the highly successful Dr. Betty Shabaaz Delta Academy: Catching the Dreams of Tomorrow, Delta Gems was created to catch the dreams of African American at-risk, adolescent girls aged 14-18. Delta GEMS provides the frame work to actualize those dreams through the performance of specific tasks that develop a CAN DO attitude. The goals for Delta GEMS are:

- To instill the need to excel academically
- To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;
- To assist girls in proper goal setting and planning for their futures high school and beyond; and
- To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

The Delta GEMS program offers a road map for college and career planning conducts activities that provide opportunities for self-reflection and individual growth. Delta GEMS, like Delta Academy, is implemented by chapters of Delta Sigma Theta Sorority, Inc.

**The Activities Calendar is available for each specific youth initiative and requires participates to be in attendance & timely. A copy will be available for review at the mandatory orientation for youth and parents.**

## Membership Application

**CHOOSE ONE:**                      **Delta Academy** \_\_\_\_\_                      **Delta GEMS** \_\_\_\_\_                      **EMBODI** \_\_\_\_\_

### PERSONAL INFORMATION (Please Print Clearly)

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_ Text: Yes\_\_ No\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_ Text: Yes\_\_ No\_\_

Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SCHOOL INFORMATION

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_ GPA: \_\_\_\_\_

College Interests: \_\_\_\_\_

Career Interests: \_\_\_\_\_

Honors/Awards/Achievements: \_\_\_\_\_

Special Talents/Hobbies: \_\_\_\_\_

Church and Community Related Activities: \_\_\_\_\_

*Please check yes or no for the following questions.*

Do you work part-time? Yes\_\_ No\_\_

Have you participated in any Delta Sigma Theta sponsored activities (i.e., Jabberwock, etc.)? Yes\_\_ No\_\_

## **Additional Eligibility Requirements**

Please attach the following required documents:

\_\_\_\_\_ **Proof of minimum 2.0 GPA (Transcript for high school only)**

\_\_\_\_\_ **Copy of most recent report card or progress report**

\_\_\_\_\_ **Two letters of recommendation, typed on form or official letterhead & enclosed in sealed envelopes**

(One recommendation from teacher; one from counselor, pastor, mentor or other non-relative)

\_\_\_\_\_ **Signed parental consent form**

\_\_\_\_\_ **Signed mandatory forms** (liability release, photo/video release, attendance policy, & cellular phone policy)

## Release Forms & Policy Agreement

Carefully read, understand and agree to the Augusta Alumnae Chapter of Delta Sigma Theta, policies as stated below by initialing next to each section and signing below.

           **1. Liability Release Form-** I agree to indemnify the Augusta Alumnae Chapter of Delta Sigma Theta, Inc., and hold the Augusta Alumnae Chapter of Delta Sigma Theta, harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any program activity. I further understand that Augusta Alumnae Chapter of Delta Sigma Theta does not provide insurance for participants, nor does it assume responsibility for such accidents of injuries. I authorize a chaperone or designee of the Augusta Alumnae Chapter of Delta Sigma Theta to act on my behalf, to authorize medical treatment to, upon, or for the benefit of myself and/or my minor child, for any minor injuries, which may occur from participation in associated activities/events. I recognize that such treatment shall be my full responsibility. In the event of a more serious injury that may require emergency treatment, I authorize such personnel to see that myself and/or my minor child is transported to, and treated at the nearest medical facility, with the related expense being my full responsibility.

           **2. Photo/Video Release Form-** I do hereby grant the Augusta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. the unlimited right to use and/or produce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotional and informational activities of the Delta Youth Initiatives. External use includes local print and broadcast media. I also agree to allow my child's work and/or photograph to be published on the Delta Sigma Theta Sorority, Inc. internet web site, and Delta GEMS publications. I further understand that my signing this release, I waive any and all present or future compensation rights to the use of the above stated materials.

           **3. Attendance Policy-** I will attend all community service projects and workshops held by the Delta Youth Initiative (s) program that I am a member of. I understand that all activities are mandatory. If for any reason I cannot attend an event it is my responsibility to notify a committee member of the Delta Youth Initiative program **immediately**. My specific program has designated a set number of absences which are allowed. Valid excuses are education related such as SAT/ACT testing, medical appointments and sickness. The committee will decide if the excuse is justifiable. I understand that if I miss any additional projects or workshops, I am subject to expulsion from the program. I must arrive on time to every workshop and/or community service project. If I am late my consequences are as follows:

**1<sup>st</sup> tardy:** Warning      **2<sup>nd</sup> tardy:** Note to parent explaining the policy      **3<sup>rd</sup> tardy:** Equals 1 unexcused absence

           **4. Cellular Phone Policy-** It is understood that cellular phones should be out of view at all times unless there is an emergency. If caught using the cellular phone inappropriately at a workshop or community service project, the following actions will be taken:

**1<sup>st</sup> Offense:** Warning (cellular phone should be put away in a purse or backpack)

**2<sup>nd</sup> Offense:** Committee member will take the cellular phone until the end of the workshop or community service project

**3<sup>rd</sup> Offense:** Participant will **not** be allowed to bring the cellular phone to the workshops or community service projects (Parent/Guardian will be notified!)

**By signing below, I consent to my child's participation and agree to follow the expectations set forth by the sorority.**

**Participant's Name (Please Print):** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Name (Please Print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **School Official Recommendation Form**

**(For High School Students Only)**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the **Delta GEMS/Delta Academy/EMBODI** Youth Initiative. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **Delta GEMS/Delta Academy/EMBODI** Youth Initiative.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above student has applied to participate in the Augusta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. **Delta GEMS/Delta Academy/EMBODI** Youth Initiative. The selection committee is seeking a frank appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

Please attach additional sheet(s) as necessary. **Enclose this form with your recommendation in sealed envelope and return to applicant.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Personal Recommendation Form**

**(For High School Student Only)**

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for the **Delta GEMS/Delta Academy/EMBODI** Youth Initiative. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **Delta GEMS/Delta Academy/EMBODI** Youth Initiative.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above student has applied to participate in the Augusta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. **Delta GEMS/Delta Academy/EMBODI** Youth Initiative. The selection committee is seeking a frank appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

Please attach additional sheet(s) as necessary. **Enclose this form with your recommendation in sealed envelope and return to applicant.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date