

*Delta Sigma Theta Sorority, Incorporated*

Ahoskie Alumnae Chapter

Delta GEMS (Growing and Empowering Myself  
Successfully)



Application Packet

2019-2020

## **Program Description:**

The Delta GEMS program (Growing and Empowering Myself Successfully) is an expansion of the Dr. Betty Shabazz Delta Academy; the Delta GEMS program was created to “catch the dreams” of our young ladies, ages 14-18. The Delta GEMS framework is designed to actualize those dreams through the performance of specific tasks that develop a “Can Do” attitude.

## **The goals of the Delta GEMS program are:**

- To instill the need to strive for academic success;
- To provide tools that will enable our young women to sharpen and enhance their skills to achieve high levels of academic success;
- To assist 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 serious learning and community service opportunities.

## **GEMS is designed for:**

- Young women ages 14-18 and/or grades 9-12
- Young women who have potential, but need guidance, support, and skills to achieve success
- Young women who are interested in developing leadership skills
- Young women who are actively pursuing college and/or career options
- Young women who need encouragement and support in pursuit of higher learning
- Young women identified by school, churches, youth groups and/or former Delta Academy participants.

## **Application Submission Process and Other Information:**

1. **The completed application is due on/or before **November 1, 2019.****

### **Mail the application to:**

Ahoskie Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Delta GEMS Committee  
P.O. Box 522  
Ahoskie, NC 27910

2. Contact Information – Co-Chairs from the Delta GEMS Committee  
Austin Vaughan – 252-619-9445 (cell); [austin.vaughan1014@gmail.com](mailto:austin.vaughan1014@gmail.com)  
Christina Charity – 757-375-1181 (cell); [cjcharity58@gmail.com](mailto:cjcharity58@gmail.com)  
Towana Cherry – [towanacherry86@gmail.com](mailto:towanacherry86@gmail.com)

Application

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_ (please write legibly)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Do you have a part-time job? If yes, please provide your work schedule (include the days you work and the hours).

---

---

---

List any other activities that may interfere with your full participation in the Delta GEMS program.

---

---

---

Are you currently involved in any extra-curricular activities at your school? If so, list below.

---

---

List your hobbies, memberships and/or community services.

---

---

What do you plan to do after you graduate from high school?

---

---

---

Why would you like to be a part of the Delta GEMS program?

---

---

---

Describe any academic challenges or other challenges that you are currently experiencing.

---

---

---

---

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ - \_\_\_\_\_ Cell) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_ (please write legibly)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant (Student) Signature \_\_\_\_\_ Date \_\_\_\_\_