

DELTA GEMS MEMBERSHIP APPLICATION 2022-2023

| Name: | | | | |
|-------------------------|---|---|----------------------|--|
| | (Last) | (First) | (Middle) | |
| Street Address: | | | | |
| City: | State: | Zip Code: _ | Zip Code: | |
| Applicant Email Ado | dress: | | | |
| Age: | DOB: | | | |
| Home Phone: | | Cell Phone: | | |
| Current High School: | | Grade Level | GPA | |
| Do you work part-t | ime? If so, where and I | now many hours do you wo | rk per week? | |
| ☐ Yes ☐ No Em | nployer: | | Hours: | |
| If no, do you have p | olans to get a job? \Box | Yes 🗖 No | | |
| • | vement in extracurricu vice projects and inter | lar activities (including com ests). | munity/church/school | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



PARENT OR GUARDIAN INFORMATION

| City: | State: | Zip: | |
|----------------------|------------------------------|--|------------|
| Primary Contact Nur | nber: | | |
| Secondary Contact N | lumber: | | |
| Parent/Guardian Em | ail Address: | | |
| Is your mother a me | mber of Delta Sigma Theta | a Sorority, Inc? | □ No |
| Have you participate | d in any other Delta GEMS | S Program? | No |
| Do you currently hav | e a sibling participating in | a Delta GEMS Program? | ☐ Yes ☐ No |
| Have you participate | d with Delta Academy? 〔 | Yes No | |
| | tten and submitted with yo | gain from the DELTA GEMS our application via email. Y | j , |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |