



*A Nationally Recognized Program*

# **2011 - 2012**

# **DELTA GEMS Application**

**“DEVELOPING EFFECTIVE LEADERSHIP THROUGH ACHIEVING,  
GROWING, EMPOWERING MYSELF SUCCESSFULLY”**

*SPONSORED BY*

*Tampa Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.*



## **DELTA GEMS**

*Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.*

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### **DELTA GEMS Program Information**

Delta Sigma Theta Sorority, Inc. is a non-profit nationwide organization, whose purpose is to provide service and programs to promote human welfare. The Delta GEMS Program (formerly known as Delteens) is a youth community service program of Tampa Alumnae Chapter, which began in the early 70's. In 2006, the program was renamed to DELTA GEMS (**D**eveloping **E**ffective **L**eadership **T**hrough **A**chieving, **G**rowing, **E**mpowering **M**yself **S**uccessfully), which is an extension of the Dr. Betty Shabazz Delta Academy I program. The DELTA GEMS Program's name and content were changed to become consistent with other teen programs sponsored by Delta Sigma Theta Sorority, Inc. The DELTA GEMS' primary focus is on teen girls between the ages of 14-18 and/or in grades 9-12 and to help them develop strong leadership skills.

The goals for DELTA GEMS are:

- To promote positive societal interactions
- To develop effective written and oral communication skills
- To encourage self-confidence, self-motivation, and self-discipline
- To foster meaningful public service; including mentoring and networking
- To strive for intellectual enrichment
- To assist with the exploration of various career paths and means for obtaining them (college and/or vocational skills training)
- To support talents in academics, technology, sports, and fine arts
- To maintain moral values and personal pride while experiencing the crossroads of life

The mission of the DELTA GEMS Advisory Committee is to provide young ladies with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. This, in turn, will provide them with the opportunity to develop emotionally, socially, and intellectually and be prepared to take an active role in their success as they face the challenges of the world.

The goals and objectives of the DELTA GEMS Committee will be accomplished through a series of workshops and community service activities using the following frame work:

- Scholarship (Academic Excellence)
- Sisterhood (Self Esteem, Health Awareness & Leadership)
- Showing Me the Money (Financial Awareness)
- Service (Social Responsibility Obtained through Community Service)
- Infinitely Complete (The Rites of Passage)

The DELTA GEMS logo is likened to a gemologist who can see, through the use of certain tools, the hidden treasure in unpolished jewels. DELTA GEMS uses the polished jewels as a symbol of the facets that shine and glow within our young African-American women.



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### **DELTA GEMS Membership**

#### **Criteria for Membership:**

Membership into the DELTA GEMS program is held once a year. The following criteria will be used to determine eligibility:

- Entering or attending high school in the fall (grades 9-12)
- Must have a grade point average of 2.5 or better
- Submit a completed application with a picture
- Submit one (1) letter of recommendation from one of the following:
  - ✓ Teacher or Guidance Counselor
  - ✓ Employer
  - ✓ Minister
  - ✓ A Sponsor /Advisor of any affiliation/organization
  - ✓ A member of a Greek sorority or fraternity
- Participate in the interview process
- Submit with Parental Signature the "Agreement to Participate"

If accepted for membership, you must attend new members' ceremony.

#### **Activities:**

The following activities are included but not limited to the organization's participation:

- Teen Community Forums
- Presentations and Seminars
- Volunteer Hostess/Ushers
- Black History Month Observance
- Community Service
- Step Show Competitions and Exhibitions
- Academic Testing Workshops, Updates, and Study Sessions
- Annual Delta GEMS Conference
- Annual Christmas Party, Sleep-over, Parent Appreciation, DELTA GEMS Tea, Field Trips, and End of Year Banquet/Awards Program

#### **Code of Conduct:**

Membership in the DELTA GEMS organization requires a strong level of commitment and responsibility. All members are to adhere to a "Code of Conduct," which consists of policies and procedures that governs the organization. The "Code of Conduct" addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, etc. The "Code of Conduct" will be provided to every member of the program.

#### **Motto:**

**"I believe I can succeed, and because I believe.... I have!"**



## DELTA GEMS

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### DELTA GEMS Important Dates and Deadlines

#### Selection Process:

There will be an Information Session on *Wednesday, May 11, 2011 from 6 – 8 p.m. at Brooks-Debartolo Collegiate High School* for parents and interested candidates. You will be able to schedule interviews at this time.

- All interested candidates should contact DELTA GEMS President, **Chelsea Kendrick at (813) 753-8252 Wednesday, May 11 through Wednesday, May 18**, to schedule an interview time.
- Interviews are scheduled for **Monday, May 23 through Wednesday, May 25 and will start at 6:00 p.m. at Brooks-DeBartolo Collegiate High School**. Each interview will take approximately 10 minutes.
- Completed applications and recommendation letters **must** be returned at the time of interview or you will not be considered for membership.
- If you have any questions, please phone one of the lead DELTA GEMS Advisors: Dr. Phildra Swagger at (813) 431-4313 or Ms. Sherlonda Moore at (850) 766-1751 or Ms. Quicta Walters at (321) 438-4622

#### If selected for membership:

- New members **must** participate in the new member ceremony currently scheduled for **Saturday, June 11, 3 p.m. at the University of Tampa**. Please be prepared to **wear a white dress** and have at least one parent/guardian or family member present to participate in the "pinning" portion of the new member ceremony.

If selected to become a member of the DELTA GEMS Program sponsored by Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:

\*Participation in the New Membership Orientation and Ceremony Activities is mandatory.

\*Involvement and participation in all DELTA GEMS activities are governed under the auspices of Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc., DELTA GEMS Code of Conduct, Officers, and Committee Chairpersons.

\*Membership is strictly voluntary and requires a strong level of commitment.

\*Members in good standing may continue membership until high school graduation.

\*Attendance at all regularly scheduled meetings (currently the third Sunday in each month from 2:30—5:00 p.m, occasional Saturday workshops/community service from 10:00 a.m.—12:00 p.m.) and other planned activities is expected.

\*A 2.5 or better grade point average will be required and maintained.

\*Appropriate behavior becoming of a lady should be exemplified at all times.

**PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION.**



**DELTA GEMS**  
Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

**DELTA GEMS**  
**Membership Application**

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Current School: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

School attending in the fall: \_\_\_\_\_

Do you work part-time? If so, where and how many hours do you work per week? \_\_\_\_\_

\_\_\_\_\_Y \_\_\_\_\_N Hours: \_\_\_\_\_

If no, do you have plans to get a job? \_\_\_\_\_Y \_\_\_\_\_N

Activities & Honors: Describe your involvement in extracurricular school activities and community service. Provide a brief overview of any special awards received for academics, philanthropic, athletic and/or achievements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**DELTA GEMS**  
Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

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

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

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

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

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

Is your mother a member of Delta Sigma Theta Sorority, Inc.?    \_\_\_\_Y    \_\_\_\_N

Have you participated in any other Delta GEMS program?    \_\_\_\_Y    \_\_\_\_N

Do you currently have a sibling participating in a Delta GEMS program?    \_\_\_\_Y    \_\_\_\_N

Have you participated with Delta Academy?    \_\_\_\_Y    \_\_\_\_N

Have you participated in any Delta Sigma Theta sponsored activities (i.e., Jabberwock, etc.)?    \_\_\_\_Y    \_\_\_\_N

In 250 words or less, tell us what you can contribute to the program and what you hope to gain from the DELTA GEMS Program? Your essay must be typed and submitted with your application.

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**AGREEMENT TO PARTICIPATE**

We have read and agree with all the information provided for the DELTA GEMS Program sponsored by Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) child is selected for membership into the DELTA GEMS Program, please accept (our/my) signature(s) as (our/my) consent to have her participate. You may count on (us/me) for support and assistance whenever appropriate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**



**DELTA GEMS**

Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Hospital Preference: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Pertinent Medical Information: \_\_\_\_\_



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**Participation Permissions**

**Photo Release**

I grant permission for the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to include my daughter, \_\_\_\_\_, in pictures taken at DELTA GEMS activities held throughout the year. I also give permission for the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to use the pictures when explaining the purpose and objectives of DELTA GEMS to the community.

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

\_\_\_\_\_  
Date

**Workshop Permission**

I grant my daughter, \_\_\_\_\_, permission to participate in the workshops presented to DELTA GEMS. I understand that most of the workshops are listed in the DELTA GEMS yearly calendar.

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

\_\_\_\_\_  
Date

If you have any objectionable topics, please list them and sign below:

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**Field Trip Permission**

As the parent/guardian of \_\_\_\_\_, I hereby give consent for her to attend field trips with DELTA GEMS sponsored by the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. My daughter and I understand that she is to comply with all rules and regulations established by all representatives of Delta Sigma Theta Sorority, Inc.

I understand that precautions will be taken to ensure my daughter's safety. I, therefore, will not hold the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my daughter.

Field trips are subject to change, and notification is at the discretion of Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

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

\_\_\_\_\_  
Date