Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

“Growing and Empowering Myself Successfully”

“Discover the Brilliance”

Greetings Potential Delta G.E.M.S.,

You are invited to participate in an exciting mentoring program for the 2018-2019 school year. The Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. offers this opportunity to young ladies who are interested in joining our Dr. Jeanne L. Noble Delta G.E.M.S (Growing and Empowering Myself Successfully) Institute.

An exciting year has been planned for you. The Delta G.E.M.S program is designed for females in grades 9-12 between the ages of 14-18 years old. The objective of the Delta G.E.M.S. program is to serve as a motivational tool which targets female teenagers in an effort to increase knowledge and awareness of issues and concerns that affect young women in our society today.

Applications must be postmarked no later than Saturday – July 7, 2018. Please be sure to complete ALL of the forms enclosed in this packet. Failure to submit all parts of the application will exclude you from consideration.

Please return all applications to:

Attn: DELTA G.E.M.S. – Orlando Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
PO Box 555238
Orlando, FL 32855

If you have questions or concerns, please do not hesitate to contact:

Latoya Burke                        Tiffany Roebuck
Chairperson                        Co-Chair
(850) 445-8641                     (850) 240-2461

OR

EMAIL: youthgroups@oacdst.org

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program.

Sincerely,

Neika Berry
Neika Berry
Chapter President

Sherri King
Sherri King
Program, Planning & Development
Delta G.E.M.S. 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 G.E.M.S. Institute, formally known as Delteens, is a youth community service program of the Orlando Alumnae Chapter, which began in the early 70's. In 2006, the program was renamed to Delta G.E.M.S (Developing Effective Leadership through Achieving, Growing, Empowering Myself Successfully), which is an extension of the Dr. Betty Shabazz Delta Academy I program. The Delta G.E.M.S. Program's name and content were changed to become consistent with other teen programs sponsored by Delta Sigma Theta Sorority, Inc. The Delta G.E.M.S. 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 G.E.M.S. 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 G.E.M.S. 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 G.E.M.S. 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 G.E.M.S. logo is likened to a gemologist who can see, through the use of certain tools, the hidden treasure in unpolished jewels. Delta G.E.M.S. uses the polished jewels as a symbol of the facets that shine and glow within our young African-American women.
Delta G.E.M.S. Participation

Criteria for Participation:
Participation into the DELTA G.E.M.S. Institute 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
- Submit an official copy of 4th Quarter Final Report Card with Final GPA
- Participate in the interview process scheduled tentatively for **Saturday, July 28, 2018.**
- Submit with Parental Signature the “Agreement to Participate”
- Submit with Parental Signature the “Code of Conduct”

If accepted for participation, you must attend the Student/Parent orientation scheduled for **Saturday September 8, 2018.**

Activities:
The following are potential activities to the organization’s participation:

- Teen Summits
- Presentations and Seminars
- Volunteer Hostess/Ushers
- Black History Month Observance
- Community Service
- Academic Testing Workshops, Updates, and Study Sessions
- Annual Christmas Party, Sleep-over, Parent Appreciation, Field Trips, and
- End of Year Banquet/Awards Program/Rites of Passage

Code of Conduct:
Participation in the DELTA G.E.M.S. 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 G.E.M.S. Important Dates and Deadlines

Selection Process:

- All interested candidates should complete and submit a DELTA G.E.M.S. Application via direct mail to be postmarked by **Saturday, July 7, 2018.***

  Attn: Delta G.E.M.S. – Orlando Alumnae Chapter  
  Delta Sigma Theta Sorority, Inc.  
  PO Box 555238  
  Orlando, FL 32855  

- A completed application and recommendation letters MUST be returned at the time the packet is submitted or you will not be considered for participation.

- Interviews will be tentatively scheduled for **tentatively July 28, 2018.** Those candidates selected for interviews will be notified at least one week prior to their scheduled time. Each interview will take approximately 10 minutes.

- If you have any questions, please contact the current Delta G.E.M.S. Chair - Ms. Stacy Spencer at (407)-963-9805 or Ms. Latoya Newell Burke (850) 445-8641. You may also send an email: youthgroups@oacdst.org.

If selected for participation:

All participants MUST attend the Student/Parent Orientation currently scheduled for **Saturday, September 8, 2018 at 10:30 a.m.** The location is TBA. Participants should wear professional business attire and have at least one parent, guardian or family member present to receive information and fill out any additional paperwork.

If selected to become a member of the Delta G.E.M.S. Institute sponsored by Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:

1. Participation in the Student/Parent Orientation and Ceremony is mandatory.
2. Involvement and participation in all Delta G.E.M.S. activities are governed under the auspices of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta G.E.M.S. Code of Conduct, Officers, and Committee Chairpersons.
3. Participation is strictly voluntary and requires a strong level of commitment.
4. Members in good standing may continue participation until high school graduation.
5. Attendance at all regularly scheduled meetings (currently the second Saturday of each month starting in September from 10:00a.m. — 12:30p.m, occasional midweek workshops/community service) and other planned activities is expected.
6. A 2.5 or better grade point average will be required and maintained. Note: All applicants must improve their GPA by 0.5 points by the end of the school year to be invited to return to the program for the 2018-2019 school year.
7. Appropriate behavior becoming of a lady should be exemplified at all times.

**PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION.**
# SECTION 1: APPLICANT INFORMATION

## Participant Information

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<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle Name or Initial</th>
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<tr>
<th>Age:</th>
<th>Date of Birth:</th>
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<td>As of 7/1/2018</td>
<td>Month</td>
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<tr>
<th>Address:</th>
<th>Street Number (Include Apartment Number)</th>
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<th>City:</th>
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<th>Home Phone:</th>
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<th>S</th>
<th>M</th>
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<th>XL</th>
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<th>Church Affiliation:</th>
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<tr>
<th>High School:</th>
<th>Grade (2017-2018):</th>
<th>GPA:</th>
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Are you a participant in the free/reduced lunch program? YES NO

This will be my 1st 2nd 3rd 4th year participating in the Delta G.E.M.S. program.

How did you hear about the program?

## Parent or Guardian Information:

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<th>Parent(s)/Guardian(s) Name:</th>
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<tr>
<th>Home Number:</th>
<th>Work Number:</th>
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<th>Parent(s)/Guardian(s) Cell Number:</th>
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<th>Parent(s)/Guardian(s) E-mail:</th>
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## Personal Information:

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y N

Have you participated in any other Delta G.E.M.S. program? Y N

Do you currently have a sibling participating in a Delta G.E.M.S. program? Y N

If yes, please give name ____________________________

Have you participated with Delta Academy? Y N

Have you participated in any Delta Sigma Theta sponsored activities (i.e., Jabberwock, etc.)? Y N
SECTION 2: APPLICANT QUESTIONS

What are your favorite and least favorite subjects? Explain why.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe your strengths and areas for development.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are your future goals after graduation?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List all extracurricular or after-school activities

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any hobbies and/or interests? If so, describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you want to be a participant in Delta G.E.M.S.?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURE OF APPLICANT_/_/DATE_
SECTION 2: APPLICANT QUESTIONS (cont’d)

List and describe your involvement in non-school related activities and community service. i.e. church, public service, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provide a brief overview of any special awards received for academics, philanthropic, athletic and/or achievements.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there anything that would prevent you from fully participating in Delta G.E.M.S. Activities?

________________________________________________________________________
________________________________________________________________________

Are you currently employed?  Y_____ N _____
If so, where?  ______________________________________________________________

How many hours do you work per week?  ______________________________________

If no, do you plan to work?  Y______ N _____

Please place a check by each topic that may be of interest to you:

 College Prep  Fashion Tips
 Personal Hygiene  Healthy Relationships
 Technology  Career Development
 Financial Awareness  Home Economics
 Health Issues  Peer Pressure/Bullying
 Diseases Affecting Youth  Beauty Tips
 Substance Abuse Prevention  Art/Music/Dance
 African-American Culture/History
 Other (educational or social) Please specify:  ______________________________________

SIGNATURE OF APPLICANT  _______________________________ DATE, ____________

SIGNATURE OF PARENT/GUARDIAN  _______________________________ DATE
SECTION 3: APPLICANT ESSAY

Answer the following essay in clearly written form below or typed format on a separate sheet and attach to the application. Your response should be 250 to 500 words in length.

Name: _____________________________ Date: ______________

In your opinion, what is a significant issue or development, either positive or negative, which is affecting your generation? How will your participation in a program such as the Delta G.E.M.S. enable you to confront or contribute to this issue or development?
SECTION 4: DELTA G.E.M.S. CODE OF CONDUCT STATEMENT

I will cooperate with all adults in charge. I will be sensitive to the needs of the each participant.

I will respect the people and places with which I come in contact.

I will adhere to the Delta G.E.M.S. dress code.

I will participate in required activities & discussions, be on time for all scheduled activities, and be open to new ideas. In the event I must miss an event, I will contact a member of the Delta G.E.M.S. Committee at least 24 hours ahead of the activity.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will remember that I am a member of a program sponsored by the women of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations for conduct described in this code of conduct and lady like etiquette.

I will be responsible for all my personal belongings.

I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent’s responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent’s responsibility.

I understand that more than (2) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I understand that my attitude and behavior are central to the success of this activity sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Therefore, for the good of this activity, as well as for myself and my fellow group members, I agree to abide by the statements above:

Student Signature_________________________________________ Date____________________

As the parent/guardian, I understand and agree with the above responsibilities fully accepted by my daughter. Should it be necessary, I will provide transportation for my daughter regardless of the time or day or night. I will not hold Orlando Alumnae Chapter or its members responsible if my daughter is sent home early due to misconduct.

Parent / Guardian _______________________________ Date____________________
THE CONTRACT (The First Meeting)

OAC DELTA G.E.M.S.

I will respect everyone else’s privacy.

There is to be no teasing or prying.

Each individual has the right to decide whether to share private thoughts during Delta G.E.M.S. meetings or discussions.

Anybody who wants to simply sit and listen may do so, with the understanding that participation is beneficial but voluntary.

I will show everyone respect.

There will be no teasing or scolding. The idea is for the whole group to arrive at its goals, but each individual will progress at a different rate.

I will uphold the family confidentiality.

There will be no telling.

What happens and what is said within the group stays within the group. Group members should feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the group will find out things they’d rather keep private.

I will trust my group members.

There will be no blaming and no lying.

I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time.

I will show up on time for group meetings and activities.

I will complete all my homework assignments.

I will listen to others without interrupting.

I will be positive and try to encourage everyone in my group.

If you agree to all of the above, sign below.

__________________________________________
Student name (PRINT)

__________________________________________
Student name (SIGNATURE) Date