

**DELTA SIGMA THETA SORORITY, INC.
BATON ROUGE SIGMA ALUMNAE CHAPTER**



**BATON ROUGE SIGMA
ALUMNAE CHAPTER**

“Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century”

DR. BETTY SHABAZZ DELTA ACADEMY/DELTA GEMS APPLICATION

Dear Parent/Guardian:

Thank you for your interest in the 2021-2022 Dr. Betty Shabazz Delta Academy and or the Delta GEMS program of Delta Sigma Theta Sorority, Inc.

The Dr. Betty Shabazz Delta Academy and Delta GEMS program is a national initiative of Delta Sigma Theta Sorority, Inc. **Delta Academy** is sponsored by the Baton Rouge Sigma Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

The goals of the Delta Academy/GEMS are achieved through challenging and fun seminars, field trips, and other special presentations. A particular emphasis is placed on math, science, technology, self-esteem, non-traditional careers, community service, learning skills, and leadership development. The **Delta Academy** is especially designed for young ladies **aged 11 – 14**. The **Delta GEMS** program, which stand for **Growing and Empowering Myself Successfully**, is designed for young ladies **aged 14-18**. Both programs will provide scholarship, service activities, and sisterhood enrichment opportunities for young ladies that will prepare them for the 21st century and beyond. If you would like your daughter to become a part of this rewarding and exciting experience, please complete the attached application package.

An orientation session for returning participants will be held on **Sunday, September 19, 2021, 2:00 – 3:00 p.m.** Applicants will be given the option to physically attend the orientation or attend virtually. Please indicate your preference below:

I will attend virtually (via zoom)

I will attend in person

Baton Rouge Sigma Life Development Center
688 Harding Blvd, Baton Rouge, LA 70807

New applicants will be emailed a video recording of the previous session once your credentials have been verified and accepted.

Please can a copy of the applicant's school ID *or* class schedule and medical insurance card.

Please submit the completed application and required materials by **October 1, 2021** to brsigmagemsacademy@yahoo.com.

Sincerely,

Chi Joseph-Franklin

Chi Joseph-Franklin, Chapter President

**DR. BETTY SHABAZZ DELTA ACADEMY/DELTA GEMS APPLICATION
2021-2022 STUDENT APPLICATION**

NAME OF APPLICANT:	DATE OF BIRTH (MM/DD/YYYY):	AGE AS OF SEPTEMBER 9, 2020
ADDRESS:	CITY/STATE/ZIP:	
EMAIL:	PHONE:	
NAME OF SCHOOL:	GRADE CLASSIFICATION FOR 2020-2021 ACADEMIC YEAR:	

Have you participated in Academy/GEMS program before? *If yes, please identify how many years.*

Please explain why you want to participate in the Delta Academy/GEMS program.

List your Extra-curricular Activities/Hobbies

Please rate the following activities 1 to 5 (1 being least interesting and 5 being most interesting):

- | | |
|--|--|
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Volunteering/Community Service |
| <input type="checkbox"/> Self Esteem/Etiquette | <input type="checkbox"/> Museum of Arts & Science Field Trip |
| <input type="checkbox"/> Social Media Safety | <input type="checkbox"/> Mother/Daughter Day |
| <input type="checkbox"/> Graduation Planning | <input type="checkbox"/> Health/Fitness |

What are your favorite subjects in school?

Do you have any siblings who participate in a Delta GEMS/Academy program?

Y or N *If yes, provide their name* _____

T-Shirt Size (indicate an "x" on your selection)

Youth / Adult XS S M L XL XXL

PARENT OR GUARDIAN INFORMATION

PARENT OR GUARDIAN NAME		HOME PHONE	
WORK PHONE		CELL PHONE	
EMAIL			

Student Commitment and Pledge Contract

- 📖 I will strive to do my best in all that I do.
- 📖 I will be sensitive to the needs of other participants.
- 📖 I will strive for discipline and dedication in all that I do.
- 📖 I will keep an open mind.
- 📖 I will respect other's space, opinion and time.
- 📖 I will ask for help and help others when needed.
- 📖 I will be on time for all sessions and activities.
- 📖 I will take responsibility for my actions.
- 📖 I will not strike out (physically/verbally) in anger.
- 📖 I will listen to what others have to say.
- 📖 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.

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Participant Acknowledgement:

I agree that I will try my best to attend and fully participate in all scheduled Delta GEMS/Academy sessions. I will have an open mind and will challenge myself to learn new things, meet new people, and have a positive attitude at all times.

Delta GEMS/Academy Participant Signature

Date (mm/dd/yyyy)

EMERGENCY CONTACT AND PARENTAL CONSENT FORM 2021-2022

Emergency Contact Information: Provide contact person(s) other than parents or guardians who can be contacted in case of an emergency.

Name	Contact Number	Relationship
1.		
2.		

Release Consent: Provide person(s) who are authorized to pick up your child from program activities.

Name	Contact Number	Relationship
1.		
2.	19	56
3.		

Medical History Illnesses / Allergies of Applicant:

Write a short statement explaining what you hope your child will gain from being a participant of Delta Academy (an additional sheet of paper may be used).

Parental/Guardian Acknowledgement:

By my signature below, I grant permission for my daughter to participate in the Dr. Betty Shabazz Delta GEMS/Academy workshops, field trips, and other educational or cultural activities sponsored by the Baton Rouge Sigma Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for the period of September 2021 - May 2022.

Parent(s)/Guardian(s) Signature

Date (mm/dd/yyyy)



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