Dear Prospective and Returning Delta GEMS Parent and/or Guardian,

Greetings! This letter is to invite you to participate in an exciting mentoring program for the 2017-2018 school year. The Women of the Hinesville Alumnae Chapter of Delta Sigma Theta, Inc., are opening our arms and hearts to welcome young ladies who are interested in joining the Dr. Jeanne L. Noble GEMS Institute (Growing & Empowering Myself Successfully).

Please allow us this opportunity to make sure that you and your daughter are aware of our sorority’s Delta GEMS program. Delta GEMS is an expansion and continuation of the highly successful Dr. Betty Shabazz Delta Academy. The program was created to “catch the dreams” of African American adolescent high school girls ages 14-18. The Delta GEMS endeavors to: instill in participants the need to excel academically; provide tools to enable girls to sharpen and enhance their skills to achieve high levels of academic success; assist girls in proper goal setting and planning for their futures in high school and beyond; and create compassionate, caring and community minded young women by actively involving them in service learning and community service opportunities. The Delta GEMS framework is designed to provide specific skills that develop a “CAN DO” attitude through interactive lessons and activities that provide opportunities for self-reflection and growth.

This year, the Delta GEMS committee is excited to provide inspiring program activities that deal with important issues such as: socialization, self-awareness, leadership development through service, advocacy, healthy lifestyle habits, educational preparation, career preparation and much, much more. In addition, we are planning to have our college retreat in the spring of 2018.

Enclosed, please find our 2017-2018 Delta GEMS application materials. All applications need to be submitted via P.O. Box as listed on the application. Applications must be received by mail by Friday, September 1, 2017. GEMS who will be selected will be notified via telephone.

If you have any questions regarding the Delta GEMS, please contact Dr. Donna Jackson-Jones at (706) 587-8204 or Ms. Dwaynea Golden at (912) 492-6910 or email gemshac@gmail.com.

Best Regards,

Petula Y. Gomillion
Chapter President

Donna Jackson-Jones
Delta GEMS Chair

Dwaynea Golden
Delta GEMS. Co-Chair
INTRODUCTION

DR. JEANNE L. NOBLE

Delta Sigma Theta Sorority, Inc.
12th National President

The Delta GEMS program honors the 12th National President of Delta Sigma Theta Sorority, Inc., Dr. Jeanne L. Noble. Dr. Noble was a legendary pioneer in the field of education. The Delta GEMS Program, officially renamed The Dr. Jeanne L. Noble Delta GEMS Institute, continues to spotlight teenage girls between the ages of 14-18 in grades 9 through 12. As National President of Delta Sigma Theta Sorority, Inc., Dr. Noble's administration focused on campus sorors who were involved on the front lines by sitting in and freedom riding. Civil rights issues were a high priority during her two terms in office. Dr. Noble believed young women had to be supported emotionally, psychologically, spiritually and financially. The sorority supported young women such as Soros Charlene Hunter and Vivian Malone and other young people who took a stand on desegregating southern colleges and universities. The need for solidarity and sisterhood was prevalent at the end of Soror Noble's administration coinciding with the historic MARCH ON WASHINGTON on August 28, 1963.

Soror Noble was an exemplary role model for her sisters, serving by appointment on United States Commissions from President’s Kennedy, Johnson, and Nixon. In her report to the convention, Soror Noble reminded members that Deltas have a responsibility to lift as we climb and that elitism has no place in the Delta House.

In many ways and on many fronts, Delta’s commitment to accelerated activity in the area of public service and program planning and development had been tested in what Soror Noble called the crucible of social action. Dr. Noble stressed the need for women to become increasingly less social and more social action oriented. The success of the Dr. Betty Shaba Delta Academy, one of the sorority’s signature programs created in 1996 out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures, gave incite to creating a new program that expanded the sorority’s service to young women.

The Delta GEMS Institute is a continuum of services that address the needs of young African American women in grades 9 through 12 with a framework for the participants to discover and understand
Delta GEMS Program Information

Delta Sigma Theta Sorority, Inc. is a non-profit organization that seeks to provide service and programs to promote human welfare worldwide. Part of its mission is to positively impact the lives of today’s youth. To these ends, the Sorority has national initiatives that target youth in elementary, middle, and high school. Among these efforts is the Delta GEMS (*Developing Effective Leadership Through Achieving, Growing, Empowering Myself Successfully*) Program.

Established in 2006, the Delta GEMS (formerly known as “Delteens”) primarily focuses on teen girls between the ages of 14 and 18 who are in grades 9 through 12. The goals for the Program are:

- To promote positive social 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 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, intellectually and be prepared to take an active role in their success as they face the challenges of the world.

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.
DELTA GEMS Participation

Participation Criteria

Enrollment into Delta GEMS 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)
• Submit a completed application
• Submit two (2) letters of recommendation from one of the following:
  o Teacher or School Counselor
  o Employer
  o Minister
  o A Sponsor / Advisor of any affiliation / organization
• Submit an unofficial copy of 4th quarter final report card or transcript with verifiable grade point average
• Submit with Parent Signature the “Agreement to Participate”
• A completed application (including a 250-300 word essay and completed forms)
• A commitment to attend scheduled meetings and activities

Tentative Activities

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

• Teen Community Forums/Teen Summits
• Presentations and Seminars
• Volunteer Hostess/Ushers
• Black History Month Observance
• Community Service
• Academic Testing Workshops, Updates, and Study Sessions
• College Tour, Field Trips and End of Year Banquet/Awards Program

Code of Conduct

Participation in Delta GEMS 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: 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 Application Process: Important Dates and Deadlines

Selection Process

- All interested candidates should complete and submit a Delta GEMS application via mail by September 1st.
- A completed application and required forms MUST be returned at the time the packet is submitted to be considered for participation.
- If you have any questions, please contact Dr. Donna Jackson-Jones at (706) 587-8204.

All MUST participate in the Student/Parent Orientation scheduled on Saturday, September 2, 2017 at 10:00 am at: Mount Zion Missionary Baptist Church, 1370 Shaw Road, Hinesville, GA 31313. Participants, please be prepared to have at least one parent or guardian or family member present to receive information and fill out any additional paperwork.

All meetings will be held on the first Saturday of each month from 10 am to Noon (unless notified otherwise*) at: Mount Zion Missionary Baptist Church, 1370 Shaw Road, Hinesville, GA 31313.

Meeting Dates:

Delta GEMS meetings for the 2017-2018 academic year will take place on the following dates. Additional dates for community service projects will be provided on a supplemental calendar:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2, 2017</td>
<td>(Student/Parent Orientation)</td>
</tr>
<tr>
<td>September 2, 2017</td>
<td></td>
</tr>
<tr>
<td>October 14, 2017*</td>
<td></td>
</tr>
<tr>
<td>November 4, 2017</td>
<td></td>
</tr>
<tr>
<td>December 2, 2017</td>
<td></td>
</tr>
<tr>
<td>January 6, 2018</td>
<td></td>
</tr>
<tr>
<td>February 3, 2018</td>
<td></td>
</tr>
<tr>
<td>March 3, 2018</td>
<td></td>
</tr>
<tr>
<td>April 5-6, 2018* (college tour)</td>
<td></td>
</tr>
<tr>
<td>May 5, 2018* (End of Year Celebration)</td>
<td></td>
</tr>
</tbody>
</table>

Attendance is required for successful completion of the program. THREE missed monthly sessions will result in a drop from roll. If you are not able to attend a meeting, please contact: Dr. Donna Jackson-Jones at (706) 587-8204, Ms. Dwaynea Golden at (912) 492-6910 or email gemshac@gmail.com at least 24 hours prior to the activity. If selected to become a member of the Delta GEMS sponsored by Hinesville 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 monthly sessions are mandatory.
2. Involvement and participation in all Delta GEMS activities are governed under the auspices of Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta GEMS 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 and other planned activities are expected.
6. Cell phone usage is prohibited during workshops and/or field trips unless for emergencies.
7. All prescribed medications must have a prescription label visible from the pharmacy.
8. Appropriate behavior becoming a lady should be exemplified at all times.
SECTION 1: APPLICANT INFORMATION

Participant Information

Name: _____________________________________________________________________________

Last           First         Middle Name or Initial

Age: _______________ Date of Birth: _____________________________________________________________________________

As of 8/1/2017 Month Day Year

Address: _____________________________________________________________________________ Street Number (Include Apartment Number)

City: __________________________ State: ______ Zip Code: __________________________

Home Phone: (_____) _______________ Cell Phone: (_____) _______________

T-Shirt Size (select one): XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐

Church Affiliation: _____________________________________________________________________________

High School ___________________________ Grade (2013-2014) ______ GPA ______

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 GEMS program.

How did you hear about the program? _____________________________________________________________________________

Parent or Guardian Information

Parent(s)/Guardian(s) Name: _____________________________________________________________________________

Parent(s)/Guardian(s) E-mail: _____________________________________________________________________________

Home Phone: (_____) _______________ Work Phone: (_____) _______________ Cell Number: (_____) _______________
Personal Information

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

Have you participated in any other Delta GEMS program?  
Y ☐  N ☐

Have you participated with Delta Academy?  
Y ☐  N ☐

Have you participated in any Delta Sigma Theta sponsored activities?  
Y ☐  N ☐

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

☐ College Attendance  ☐ Fashion Tips  ☐ Personal Hygiene  ☐ Beauty Tips
☐ Healthy Relationships  ☐ Technology  ☐ Career Development  ☐ Art/Music/Dance
☐ Financial Awareness  ☐ Home Economics  ☐ Sports/Outdoor Activities  ☐ Peer Pressure/Bullying
☐ Diseases Affecting Youth  ☐ Substance Abuse Prevention  ☐ African-American Culture/History  ☐ Other (educational or social)

Please specify: ___________________________________________  ___________________________________________

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

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Describe your strengths and areas for development.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

What are your current and future goals in high school and beyond?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________
Do you have any extracurricular or after-school activities? Hobbies and/or interests? If so, describe.

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

What would you hope to gain from being a part of the Delta GEMS program?

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Describe one community service project Delta GEMS can participate in, please explain why you would like to do this community service project and how you and the other GEMS could start this project. (Think of something missing in YOUR community).

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

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 GEMS Activities?

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Are you currently employed?  Y ☐  N ☐  If so, where? 

How many hours do you work per week?  Y ☐  N ☐
NEW APPLICANT ESSAY

Compose an essay-length response to the following question:

What are key qualities and characteristics that describe a young woman that is on her way to success? How will your participation in a program such as the Delta GEMS enable you to exhibit these qualities and characteristics?

Your response should be typed in 250 to 300 words in length and can be on a separate sheet of paper.
Hinesville Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
School Official Recommendation Form

The applicant below has applied to participate in the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta GEMS Program. The selection committee is seeking an appraisal of the applicant’s qualifications. The student’s demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcomed evidence.

Specifically, you are asked to:

1. Indicate how long you have known the applicant and in what capacity
2. Assess the applicant’s character
3. Highlight the applicant’s involvement in school related activities, indicating leadership positions where applicable
4. Provide examples of applicant’s demonstration of strong academic ability/potential
5. Provide any other pertinent information that may assist with the selection committee’s final decision

Each letter of recommendation should be placed in a sealed envelope, signed across the seal and returned to the applicant to be included as part of the application package. This appraisal is confidential and will not be seen by the applicant. A separate sheet containing these instructions is included.

Name: ____________________________

Title: ______________________________

Signature/date: __________________________

I, ____________________________, request that you complete this recommendation form, a requirement for my application for the Delta GEMS Program. I understand that by signing this form, I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS Program.

Applicant Signature/Date: ______________________________
The applicant below has applied to participate in the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta GEMS Program. The selection committee is seeking an appraisal of the applicant’s qualifications. The student’s demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcomed evidence.

Specifically, you are asked to:

1. Indicate how long you have known the applicant and in what capacity
2. Assess the applicant’s character
3. Highlight the applicant’s involvement in school related activities, indicating leadership positions where applicable
4. Provide examples of applicant’s demonstration of strong academic ability/potential
5. Provide and other pertinent information that may assist with the selection committee’s final decision

Each letter of recommendation should be placed in a sealed envelope, signed across the seal and returned to the applicant to be included as part of the application package. This appraisal is confidential and will not be seen by the applicant. A separate sheet containing these instructions is included.

Name: __________________________________________ Title: __________________________________________

Signature/date: __________________________________________

I, __________________________________________, request that you complete this recommendation form, a requirement for my application for the Delta GEMS Program. I understand that by signing this form, I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS Program.

Applicant Signature/Date: __________________________________________
WAIVER AND RELEASE

I, _________________________________________________________, Parent/Guardian, on behalf of _____________________________________________ (Delta GEMS Participant) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National; Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to participate in the Delta GEMS program.

My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, illness, death, property damage or loss to the my daughter which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to my Delta GEMS participant’s personal property.

Parent/Guardian’s SIGNATURE: __________________________ Date: _________________

Parent/Guardian’s PRINTED Name: ______________________________
STUDENT/PARENT AGREEMENT TO PARTICIPATE

We have read and agree with all the information provided for the DELTA GEMS Program sponsored by the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) child is selected for participation 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: _____/_____/_____

Student PRINTED Name: ________________________________

Parent/Guardian’s SIGNATURE: ________________________ Date: _____/_____/_____

Parent/Guardian’s PRINTED Name: __________________________

PARENT/GUARDIAN STATEMENT OF CONSENT

I, Parent/Guardian, under penalty of perjury, do hereby affirm to the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of my daughter (the student whose name is listed above) permission to participate in the Delta GEMS program. I have the legal authority to provide my consent and authorization for such participation.

My child’s participation in the Delta GEMS program is completely voluntary. Delta GEMS is committed to providing the best possible climate for maximum development and achievement of goals for all student participants. Delta Sigma Theta Sorority, Inc. Hinesville Alumnae Chapter and its related entities will make every effort to protect the welfare of the Delta GEMS participants; however, the program committee members are not responsible for ensuring the physical, mental, social and medical health of program participants. As a parent/guardian, I am responsible for the welfare of my child. The Delta GEMS committee may suspend a student’s participation if their behavior does not reflect the spirit of the program.

Parent/Guardian’s SIGNATURE: ________________________ Date: __________________

Parent/Guardian’s PRINTED Name: __________________________
Is your application complete? Please make sure you have all parts of your application packet listed below included before mailing:

- Application (Pages 6 – 8)
- New Applicant Essay (Page 9)
- Two Letters of Recommendation (Pages 10 - 11)
- Waiver & Release (Page 12)
- Participation Permission (Page 13)
- Unofficial Report Card

Please mail your completed application to the Education Committee at the address listed below:

Hinesville Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated  
Attn: Delta GEMS  
P. O. Box 1981  
Hinesville, GA 31310

Please feel free to contact the Hinesville Alumnae Delta GEMS Chair for more information.