

DELTA SIGMA THETA SORORITY, INC.
RANCOCAS VALLEY ALUMNAE CHAPTER
DELTA GEMS (GROWING AND EMPOWERING MYSELF SUCCESSFULLY)

APPLICATION 2008-2009

NAME:

ADDRESS:

PHONE NUMBER: _____ E-MAIL: _____

AGE: _____ DATE OF BIRTH: _____

SCHOOL: _____

GRADE: _____

HAVE YOU PREVIOUSLY BEEN INVOLVED IN THE DELTA TEEN/GEMS PROGRAM? YES _____ NO _____

1. PLEASE LIST YOUR ACTIVITIES/HOBBIES.

2. PLEASE LIST ALL ACTIVITIES IN WHICH YOU ARE INVOLVED
(SCHOOL, CHURCH, COMMUNITY SERVICE, ETC.).

3. DO YOU THINK YOUR OTHER ACTIVITIES WILL PREVENT YOU FROM ACTIVELY PARTICIPATING IN THE DELTA GEMS PROGRAM? PLEASE EXPLAIN WHY OR WHY NOT.

PLEASE WRITE AN ESSAY ON THE TOPIC: **“What do you hope to achieve by participating in the DELTA GEMS PROGRAM?”** USING A MINIMUM of **150** WORDS. You may attach a computer written sheet if desired.

Signature of Parent/ Guardian: _____

Signature of Applying Teen:

Date: _____