

# TUSCALOOSA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INC.

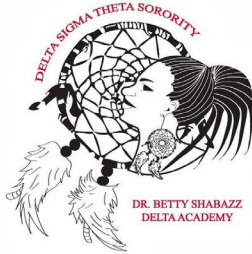


## APPLICATION PACKET FOR DELTA ACADEMY/DELTA GEMS

2021-2022

### Contents:

1. Program Information
2. Program Criteria
3. Application
4. Consent Form



# Attention! Attention! Attention!

## All Interested Young Ladies!



The Tuscaloosa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is accepting applications for the 2021-2022 year. Delta Academy/Delta GEMS is a mentoring/enrichment program that assists young ladies in their maturation into womanhood to become positive and strong influences in our community. They will be exposed to positive role models, cultural, educational, and spiritual experiences. The program will focus on developing the mind, body and spirit.

Applicants will be required to complete the following process for consideration in either program:

1. Complete an information and commitment form.
2. Submit two letters of recommendation. **One** of the letters **must** come from a **School Official** (principal, teacher, or counselor) and **one** from the following categories:
  - a. **School Involvement Leader** (club advisors, patrol officers, coaches, etc.)
  - b. **Community Members/Leaders** from an organization in which you are involved (community organizations, church, etc.)
  - c. **Employers** if applicable
3. Certification of GPA from School Guidance Department for GEMS applicants. **Or**, most recent report card which shows the last two report periods for Academy applicants
4. A brief statement of interest on how the applicant would benefit from participating in the Delta Academy or Delta GEMS program (written by the applicant)
5. Interviews

Each letter of recommendation should provide information about the applicant such as attitude, character, leadership potential, school/community/church involvement.

All required information should be **postmarked no later than May 15, 2021** to be considered for the 2021-2022 programs. Submissions may be mailed to:

Delta Academy/Delta GEMS 2021-2022  
P.O. Box 2623  
Tuscaloosa, AL 35403-2623

# TUSCALOOSA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INCORPORATED

sponsors

**Dr. Betty Shabazz Delta Academy**

and

## **Delta GEMS: Growing and Empowering Myself Successfully**

The Dr. Betty Shabazz Delta Academy and Delta GEMS (Growing and Empowering Myself Successfully) are Delta Sigma Theta Sorority Inc.'s national signature initiatives for young ladies between ages 11 and 18. Both programs serve to enrich and enhance education provided by public schools by assisting young ladies in avoiding the perils of academic failure, low self-esteem and crippled futures; thereby promoting full participation as leaders in the 21<sup>st</sup> century.



**DR. BETTY SHABAZZ DELTA ACADEMY** is designed to present opportunities for **girls ages 11–14** that:

- *Promote the realization of dreams and success.*
- *Encourage behaviors and activities essential for educational, social, and economic well-being.*
- *Augment their scholarship in math, science and technology.*
- *Allow for service through leadership in service learning defined as the cultivation and maintenance of relationships.*

Activities may include computer training, self-esteem and etiquette workshops, field trips for science experiences and college exposure, and outings to cultural events, dinners, museums, plays, and concerts.

### **DELTA GEMS: GROWING AND EMPOWERING MYSELF SUCCESSFULLY**

is a natural outgrowth and expansion of the Dr. Betty Shabazz Delta Academy. Delta GEMS was established to “catch the dreams” of African-American at-risk **girls ages 14–18**. The framework to actualize those dreams is provided through the performance of specific tasks that develop a “CAN DO” attitude. Delta GEMS’ goals are:

- *To instill the need to excel academically;*
- *To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;*
- *To assist girls in proper goal setting and planning for their futures — high school and beyond; and*
- *To create compassionate, caring, and community-minded young women by actively involving them in service learning and community service opportunities.*



The Delta GEMS framework is composed of five major components (Scholarship, Sisterhood, Show Me the Money, Service, and Infinitely Complete), forming a road map for college and career planning. Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth.

### **INFORMATION**

For more information: [education.tuscalum@gmail.com](mailto:education.tuscalum@gmail.com).

# DELTA ACADEMY/DELTA GEMS APPLICATION 2021-2022

**Part I: To be filled out by applicants for both programs.** Additional sheets may be attached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Applicant & Cell Parent/Guardian

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade (upcoming year)

Interests/Hobbies:  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Honors/Recognitions (specify grade level):  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities, including part-time jobs (specify grade level):  
\_\_\_\_\_  
\_\_\_\_\_

Service Activities (include church activities):  
\_\_\_\_\_  
\_\_\_\_\_

**Your signature below indicates your interest in participating in the Delta Academy/Delta GEMS program. It further indicates, if chosen to participate, your willingness to follow the rules/regulations and guidelines of the Delta Academy/Delta GEMS program. Parent/guardian signature acknowledges that you are aware and understand the rules/regulations and will support the efforts of the mission of the program.**

\_\_\_\_\_  
Candidate for Participation

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Is the mother of the applicant a member of Delta Sigma Theta Sorority, Inc.? \_\_\_\_ Yes \_\_\_\_ No

If yes, is the mother a financial member? \_\_\_\_ Yes \_\_\_\_ No

Chapter Affiliation: \_\_\_\_\_ Membership Number \_\_\_\_\_

# DELTA ACADEMY/DELTA GEMS APPLICATION 2021-2022

## Part II: Delta GEMS Applicants Only

Please list career interest(s):

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College/Higher Education Preference:

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Have you taken the ACT or SAT?  Yes  No

If so, what was your score: \_\_\_\_\_.

If not, when do you plan to take either of these tests?

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# DELTA ACADEMY/DELTA GEMS APPLICATION 2021-2022

## INTEREST STATEMENT

After reading the information about the **Delta Academy/Delta GEMS** programs, please write a brief statement describing yourself and how this program may help you. Please answer the questions below in the statement.

1. What are the reason(s) you are interested in Delta Academy/ Delta GEMS?
2. What do you hope to gain from being a participant in Delta Academy/Delta GEMS?
3. What qualities or attributes/talents would you bring to Delta Academy/Delta GEMS?
4. What are your future plans/goals and how can Delta Academy/Delta GEMS help you reach those goals?

Feel free to include any information about yourself that you deem to be important or special!

## LETTERS OF RECOMMENDATION

Thank you for assisting in the application process. Please include the following information in the letter(s) of recommendation for the Delta Academy/Delta GEMS program sponsored by the Tuscaloosa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The information provided in the letters will be used to help determine the applicant's acceptance into the program.

### Applicant Information

- Name of applicant
- Relationship to applicant
- The length of time you have known the applicant
- Specifically discuss the applicant's attitude, character, strengths, weaknesses, and the reasons you recommend her for the program.

### Reference Information

- Name & Position
- Signature
- Contact Information
- Date

### NOTE

**Please share this page with the individual(s) asked to write a letter of recommendation.**

# TUSCALOOSA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INC.

## DELTA ACADEMY/ DELTA GEMS PARENT/GUARDIAN CONSENT FORM 2021-2022

I hereby give permission for my child \_\_\_\_\_  
to attend and participate in activities sponsored by the **Delta Academy/Delta GEMS**. I  
understand that there will be adult supervision at these events.

I authorize an adult to consent to any emergency, x-ray examination, anesthetic, medical  
or hospital care, to be rendered to my child under the general or specific supervision and on the  
advice of any physician licensed under the provisions of the Medical Practice Act. I will be liable  
and agree to pay all costs and expenses incurred in connection with such emergency medical  
services rendered to my child pursuant to this authorization.

I hereby give permission for my child to ride in any vehicle designated by a committee  
member of **Delta Academy/Delta GEMS** while attending and participating in any activity.

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Parent or Legal Guardian's Signature

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Print Parent or Legal Guardian's Name

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Date