



PARENT OR GUARDIAN INFORMATION

Parent(s)/Guardian(s)' Name _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Parent/Guardian Email Address: _____

Is your mother a member of Delta Sigma Theta Sorority, Inc? Yes No

Have you participated in any other Delta GEMS Program? Yes No

Do you currently have a sibling participating in a Delta GEMS Program? Yes No

Have you participated with Delta Academy? Yes No

In 250 words or less, tell us what you hope to gain from the DELTA GEMS Program? Your essay can be typed or handwritten and submitted with your application via email. You may attach additional sheets of paper to this application.