

The Stone Mountain-Lithonia Alumnae Chapter of  
Delta Sigma Theta Sorority, Inc.  
**DELTA GEMS APPLICATION**  
PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

**SCHOOL INFORMATION**

High School \_\_\_\_\_ Grade Level \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

Semester GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

College Choice \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Honors/Awards/Achievements:

\_\_\_\_\_

Special Talents/Hobbies:

\_\_\_\_\_

Church and Community Related Activities:

\_\_\_\_\_

**ELIGIBILITY REQUIREMENTS**

I have attached the following required documents:

\_\_\_\_\_ **Proof of minimum 2.0 GPA**

\_\_\_\_\_ **Copy of most recent report card and progress report**

\_\_\_\_\_ **Three letters of recommendation, typed on form or official letterhead & enclosed in sealed envelopes (Two recommendations from teachers; one from counselor, pastor, mentor or other non-relative)**

\_\_\_\_\_ **Signed parental consent form**  
(Approval for behavior contract and mandatory sessions)

\_\_\_\_\_ **Personal essay** (see attachment)

Name \_\_\_\_\_ Date \_\_\_\_\_

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**Essay**

*Answer the following essay in typed format and attach to the application. Your response should be 200-300 words in length.*

**In your opinion, what is a significant issue or development, be it positive or negative, that is affecting your generation?**

**How will your participation in a program such as the Delta GEMS enable *you* to confront or contribute to this issue or development?**

Statement: I affirm that all statements made in this application are true.

**Signed:** \_\_\_\_\_  
(Applicant signature)

**Date:** \_\_\_\_\_

Please mail completed application packet to:  
Stone Mountain-Lithonia Alumnae Chapter  
Attn: Delta GEMS  
P. O. Box 1184  
Stone Mountain, Georgia 30086-1184



**Postmark Deadline August 24, 2009!**